OREGON FCCLA DELEGATE PERMISSION & MEDICAL RELEASE FORM

(Students and Alumni are collectively referred to as "Delegates" in this document)

Permissions to Attend Oregon FCCLA Sponsored Activities, and Authorization to use pictures or student name in publications. Release of Claim for Damages, Emergency Medical Treatment Authorization

Name of Delegate: _____ **Phone:** _____

Home Address: _____ **Date of Birth:** _____

Name of High School: _____ **Phone:** _____

Adviser(s) in Charge: _____ **Date:** _____

This is to certify that the above-named delegate has my permission to attend all Oregon FCCLA sponsored activities. I also do hereby, on the behalf of the above-named delegate absolve and release Oregon FCCLA, the school officials, the FCCLA chapter adviser(s), conference staff, and Oregon FCCLA staff from any claims for personal injuries/damages which might be sustained while he/she is en route to and from or during the FCCLA sponsored activity.

I authorize the above-named adviser or the Oregon FCCLA staff to secure the services of a doctor or hospital for the above-named delegate. I will incur the expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

I grant permission to Oregon FCCLA and its staff/contractors, State Department of Education, and sponsors/supporters to use the above delegate's name and likeness (including photographs, video footage, silhouettes, and audio clips) in publications, productions, promotions and on websites for informational, promotional and other related purposes without further consideration, and acknowledge the right of Oregon FCCLA to crop, treat, edit, or otherwise modify the photographs, video footage, silhouettes, and audio clips at their discretion.

I also understand that the chapter adviser determines the criteria at the local site, for individual students and alumni to attend and participate at all FCCLA activities.

We have read and agree to abide by the supplied Oregon FCCLA Code of Conduct. Should a code of conduct violation occur, law enforcement personnel and or security may be called to assist, and a conduct code committee may be called with the ultimate punishment being that the student may be disqualified and sent home at their/their family's expense and/or be removed from office if in an officer status. If the delegate is sent home reasonable care shall be exercised to ensure a safe, expedient, and financially feasible mode of transportation back to the home community of the delegate involved. We are aware of the consequences that will result from violation of any of the above guidelines.

Student Signature*: _____ **Date:** _____

Parent/Guardian Signature*: _____ **Date:** _____

Chapter Adviser Signature*: _____ **Date:** _____

School Official Signature: _____ **Date:** _____

MEDICAL INFORMATION

Known allergies (drug or natural): _____

Special medication being taken: _____

Date of last tetanus shot: _____ History of heart condition, diabetes, asthma, epilepsy, etc.: _____

Any physical restrictions: _____ Other conditions: _____

Family doctor: _____ Phone: _____

What else should we know about this delegate's medical needs?_____

_____

_____

_____

INSURANCE INFORMATION

Company Name: _____ Phone: _____

Policy Number: _____

**This form consists of two total pages. Signatures on this page apply to the content included on all pages.*