

MEDICAL LIABILITY RELEASE FORM

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SCHOOL: _____

ADVISOR: _____

SECONDARY: _____

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, parents/guardians, guests, and FCCLA Advisors complete this form to be eligible to attend the FCCLA activities throughout the year. This form should be returned to your FCCLA Chapter Advisor who will forward all forms to Valerie Taylor, the FCCLA State Advisor.

PLEASE TYPE OR PRINT, LEGIBLY, ALL INFORMATION

Delegate _____ Parent/Guardian _____

Home Address _____

Parent/Guardian/Telephone: Home: _____ Work: _____

Student's Physician: _____ Phone: _____

Physician's Address _____

Alternate Contact: _____

Alternate's Telephone: Home: _____ Work: _____

Local Advisor: _____ School Name: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____ Insurance Co. _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergy: _____ e. Physical Handicap: _____

b. Convulsions _____ f. Medicine Reactions: _____

c. Blackouts: _____ g. Disease of any kind: _____

d. Heart/lung problems: _____ h. Other (Be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____ Prescribing Physician: _____

Physician's Phone #: _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National FCCLA Board of Directors, the National Staff, State and Local FCCLA Associations, their Staff, and any designated individual in charge of the FCCLA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check one of the following and sign your name.

____ I give my permission for immediate medical treatment as required in the judgment of the attending physician.

Notify me and/or any persons listed above as soon as possible.

____ I do not give my permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date: _____

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: _____ Date: _____

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GENERAL SESSIONS PROTOCOL

The general sessions should be enthusiastic but we must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. Chapters at the State Conferences (or States at the National Conference) that do not adhere to general session protocol will be asked to send a representative to a special meeting of the State Executive Board or the National Executive Council.

STATE AND NATIONAL FCCLA CONDUCT CODE

A good reputation enables members to take pride in their organization. FCCLA members have an excellent reputation. Your conduct at any FCCLA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state, and FCCLA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all time. (FCCLA conference name badges shall be worn at all times.)
3. You are expected to attend all general sessions and other scheduled conference activities.
Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries, or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means being in your own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending any FCCLA activities, including District, State, or National Conferences may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
9. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
10. Members are to abide by the State and National FCCLA Attire Policy (as stated in memos to Chapter Advisors or addressed in the National Conference Guide) at all business sessions, general sessions, competitive events, and other conference activities.

I have read the above Code of Conduct for FCCLA conferences and agree to abide by these rules.

Print Name of Parent/Guardian (if under 18)

Date

Parent/Guardian Signature

Print Name of Student

Date