PENNSYLVANIA DECA

ATTENDANCE PERMISSION FORM

This is to certify that _____ has my permission to attend the _____ held at the _____ on _____.

I also do hereby absolve and release school officials, the DECA Chapter Advisor or other responsible adult, and the assigned DECA staff from any claims for personal injuries or illness that might be sustained while he/she is traveling to and from or during the DECA sponsored activity.

Participant's last name:	First name:

Street Address:	City:	State:	Zip:

Home telephone: ( )	Date of birth:	Grade:

School name:	Address:		
School phone: ( )	City:	State:	Zip:

Parent/Guardian Name:

EMERGENCY INFORMATION

I/we authorize the DECA chapter advisor/responsible adult to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of accident or illness. I/we realize that I/we will be responsible for the payment of these costs.

Name of emergency contact person:	
Home telephone: ( )	Work Telephone: ( )

Family physician name:	Physician phone: ( )
Is the student taking any medication?	If yes, please list:
Please list any allergies, medical needs or health problems:	

Insurance company name:	Insurance plan/group number:

We have read and agree to abide by the Pennsylvania DECA Rules and Regulations and Dress Code. We also agree that the school officials, the DECA Chapter Advisor, the State DECA staff and the Conference Conduct Committee have the right to investigate possible violations of the DECA Rules and Regulations and authorize the search of the above-named student's room or property in furtherance of such an investigation. We also agree that the school officials, the DECA Chapter Advisor, the State DECA Staff and the Conference Conduct Committee have the right to send the above-named student home from the activity at the expense of the family provided that he/she has violated the Rules and Regulations and/or his/her conduct has become a detriment. The expenses will include transportation, time and travel expenses for a security guard to accompany the student, as well as the student's expenses.

_____	_____	_____	_____
Student Signature	*Date*	*Chapter Advisor Signature*	*Date*
_____	_____	_____	_____
Parent/Guardian Signature	*Date*	*School Official Signature*	*Date*