

COMPREHENSIVE CONSENT FORM
Alabama DECA

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School

Student Name

Advisor

Student: area code/phone number

Name of Emergency Contact

Emergency Contact: area code/phone number

Information: Complete all information for each DECA member prior to attending any region, state, or international DECA conference. This form must be on file with each local chapter advisor and with the local school system administration within two weeks of paying membership dues and be retained for one calendar year. Additionally, the DECA advisor **MUST** bring a complete form for each participant to ***each region, state, and international conference***. Completion and signing of this document indicates that the student, parent or guardian, and school administrator have read this form and approve its contents. Completing and signing of this document provides consent for:

1. Student travel, to and from, and attendance at conferences specified below
2. Emergency medical treatment
3. Student abiding by the Conference Code of Conduct and Dress Code
4. Waiver of Liability

Philosophy: It is a privilege and honor for a student to attend local, region, state and international DECA conferences. As such, each student represents his/her school, community, and family as a young business professional. Students are expected to follow all Rules and Regulations stated herein. In cases of uncertainty, the student should confer with his/her advisor prior to acting, since ignorance of Alabama DECA rules is not an acceptable excuse. Advisors, chaperones, and state staff assume the responsibility of enforcing Rules and Regulations to ensure, to the greatest degree possible, the safety and well being of the student.

Conferences: Consent and approvals, indicated by the signing parties, are applicable to the following activities:

1. Alabama Career and Technical Student Organization Joint Leadership Development Conference;
2. National DECA Southern Region Leadership Development Conference (SRLC)
3. Alabama DECA State Career Development Conference
4. International DECA Career Development Conference

Travel and

Attendance: As indicated by my signature on the following page, I give my son/daughter permission to travel to/from and attend the conferences referenced on this form.

Conduct and

Dress Code: As indicated by our signatures on the following page, we have read and will abide by the Conference Code of Conduct and the Dress Code.

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Advisor

Student Name

As indicated by my signature below, I _____, _____
(Name of parent/guardian) (Relationship)
of _____, _____
(Student) (age) (Social Security number)
of _____
(Complete home address)

hereby authorize in advance the advisor or State DECA Staff to secure the services of a physician or hospital and to render payment for the expenses connected to necessary services in the event of an accident or illness involving

Student Name

while traveling to and from and while attending all DECA activities.

Waiver of

Liability: As indicated by our signatures below, we hereby, on behalf of _____
Student Name

absolve and release the school officials, the DECA chapter advisor(s) and the assigned State DECA Staff from any claims for personal injuries or illness which might be sustained while my son/daughter is in route to and from or while attending the DECA conference.

Student Signature

Date

Parent/Guardian Signature

Date

Advisor

Date

Administrator

Date

Insurance Company Name

Policy Number