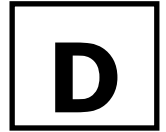


Emergency Medical Treatment Authorization & Permission Form



Conduct Code Endorsement, Permissions to Attend Oregon DECA Sponsored Activities, and Authorization to use pictures or student name in publications.

Release of Claim for Damages, Emergency Medical Treatment Authorization:

Name of Delegate _____	Date: _____
Home Address _____	Phone: _____
_____	Date of Birth: _____
Name of High School _____	Phone: _____
Advisor (s) in Charge _____	_____

This is to certify that *the above named delegate* has my permission to attend all Oregon DECA sponsored activities for the 2011-2012 School Year. I also do hereby, on the behalf of *the above named delegate* absolve and release Oregon DECA, the school officials, the DECA chapter advisors, conference staff, and Oregon DECA staff from any claims for personal injuries/damages which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

I authorize the above named advisor or the Oregon DECA 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 DECA 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 DECA to crop, treat, edit, or otherwise modify the photographs, video footage, silhouettes, and audio clips at their discretion.

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

We have read and agree to abide by the supplied Oregon DECA 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 Advisor Signature _____	Date _____
School /ROP 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 or rheumatic fever _____

Any physical restrictions _____

Other conditions _____

Family doctor _____ Phone _____

INSURANCE INFORMATION

Company Name _____ Policy Number _____