

# State Officer Emergency Medical Treatment Authorization & Permission Form

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Conduct Code Endorsement, Permissions to Attend Oregon DECA Sponsored Activities, and Authorization to use pictures or student name in publications. All DECA Sponsored Activities – February 2012-March 2013

## 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: **Brycen Woodley, Executive Director and Karissa Brown, State Officer Coach**

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 \_\_\_\_\_