

WV FCCLA Participant's Consent and Medical History

As well as attending conferences, there is the possibility that your son/daughter will have the opportunity to go on sightseeing tours, go swimming, etc. You are also informed that due to advisors' responsibilities, and the structure of the conference, the conference does not allow for minute-by-minute supervision of students, and there may be periods of time whenever your child will not have direct supervision from his/her advisor. Other advisors will be at the various activities that will be visible if students need assistance.

I agree that my student's picture may be included on any national/state/local publication ___ YES ___ NO
MY SON/DAUGHTER HAS MY PERMISSION TO GO SWIMMING ___ YES ___ NO

My signature below authorizes _____, _____, _____
(Student's Name) (Age) (Date of Birth)

of _____
(Complete Home Address, including Zip Code)

and _____ to attend the:
(Phone Number) (Cell Number)

Check all that Applies:

- | | |
|---|---|
| <input type="checkbox"/> _____ Officer Training Session (if applicable)
(date) | <input type="checkbox"/> _____ Fall Leadership Meeting
(date) |
| <input type="checkbox"/> _____ State Leadership Conference
(date) | <input type="checkbox"/> _____ National Leadership Conference
(date) |

And hereby authorize in advance any necessary medical treatment required by _____.
(Student's Name)

I also grant _____ or Carolyn Suppa authorization to seek medical treatment.
(Chapter Advisor) (State Advisor)

In any event where the parent cannot be reached, please contact (name, relationship to student & phone):

MEDICAL INFORMATION

Local Family Physician _____ Phone No. _____

Current medication being taken _____ Last Tetanus Shot _____
(Year)

Known allergies (drug or natural) _____

History of heart condition, diabetes, asthma, epilepsy, rheumatic fever or previous injury or serious illness

Any physical restrictions or other conditions _____

INSURANCE INFORMATION

Insurance Company Name _____ Policy Number _____

I have read and absolve and release school officials, the chapter advisor/chaperone or state advisor/staff from any claims for personal injury or illness which might be sustained while he/she is en route to and from or during the FCCLA sponsored activity. I authorize the advisor to secure the services of a physician and/or hospital, and to incur the expenses for the necessary services in the event of an accident or illness, and I will provide for the payment of costs.

Student Signature

Parent/Guardian Signature/Relationship

Chapter Advisor Signature

School Official Signature