MEDICAL LIABILITY RELEASE FORM

SCHOOL:_____ADVISER:_____

DIRECTIONS: Due to legal restrictions, it is necessary that all *delegates, parents/guardians, guests, and FCCLA Advisers* complete this form to be eligible to attend FCCLA events. Return this form *to Oklahoma FCCLA ,1500 W. 7th Ave.*, Stillwater, OK 74074 or Fax to: (405)743-6809

PLEASE TYPE OR PRINT LEGIBLY ALL INFORMATION

Delegate: Parent/Guardian:

Home Address: City: Zip Code:

Parent/Guardian/Telephone:
Home: Work: Cell:

Alternate Contact: Alternate's Telephone:

Home: Work: Cell:

Student's Physician:

Phone:

Student has medical insurance: ____Yes ____NO **ATTACH A COPY OF MEDICAL CARD**

If yes complete the following information:

Name of insured: Insurance Co.

Group # Policy #

Please completely describe any medical condition(s) which may recur or be a factor in medical treatment:

a. Allergy: e. Physical Handicap:

b. Convulsions: f. Medicine Reactions:

c. Blackouts: g. Disease of any kind:

d. Heart/lung problems: h. Other(Be Specific):

If currently taking medication, please provide the following information:
Name of medication and dosage:

_____ _____

_____ _____

_____ _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own medical insurance coverage during this trip. I hereby release the National FCCLA Board of Directors, the National Staff, State and Local FCCLA Associations, ODCTE and their Staff, and any designated individual in charge of the FCCLA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity.

PARENT/GUARDIAN: Please check one of the following and sign your name.

____I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

____I do not give my permission for medical treatment until I have been contacted

Delegate's Signature: Date:

Parent/Guardian's Signature: (Applicable for delegates under the age of 18) Date:

SCHOOL:_____ADVISER:_____

STATE FCCLA CONDUCT CODE

A good reputation enables members to take pride in their organization. FCCLA members have an excellent reputation. Your conduct at any FCCLA function should make a positive contribution to FCCLA.

1. Your behavior at all times should be such that it reflects credit to you, your school, your state, and FCCLA.
2. Student conduct is the responsibility of the local chapter adviser. Students shall keep their advisers informed of their activities and whereabouts at all time. If provided FCCLA conference name badges shall be worn at all times.
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries, or illnesses to their local or state adviser immediately.
5. Members are expected to observe the designated curfew. Curfew means being in your own room by the designated hour.
6. Members attending any FCCLA activities, including District, State, or National Conferences may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
7. Students who disregard the rules will be subject to disciplinary action, legal action, and will be sent home at their own expense. Parents will be notified.
8. Any charges to the room will be the responsibility of the individual student and/or parents.
9. Members are to abide by the State FCCLA Dress Code at all business sessions, general sessions, competitive events, and other conference activities.

I have read the above code of conduct for FCCLA conferences and agree to abide by these rules.

Print Name of Student: Date:

Student Signature:

Print name of Parent/Guardian: Date:

Parent/Guardian Signature:

APPLICATION FORM
2015 NATIONAL LEADERSHIP CONFERENCE

NATIONAL VOTING DELEGATE APPLICATION

Postmark by April 23, 2015

Return to:

Denise Morris
Fax: 405-743-6809
Email: denise.morris@careertech.ok.gov

I am interested in serving as an Oklahoma Voting Delegate at the 2015 National Leadership Conference. I understand that if I am selected to serve, my responsibilities may prohibit me from participating in some of the other activities scheduled for Oklahoma delegates.

_____
Signed

Please type or print information on this form.

Student Name: _____

Home Address _____

City/State/Zip: _____

Cell Phone: _____

Email address: _____

Chapter: _____

Adviser name: _____

School Phone: _____ Grade in school 2014-2015 _____

I AM A DISTRICT OFFICER FOR 2015-2016 AND WILL ATTEND LEADERSHIP TRAINING AT CAMP TULAKOGEE JUNE 3-5, 2015

PLEASE CHECK

☐ **YES** ☐ **NO**