Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all** students, parents/guardians, guests and SkillsUSA Advisors complete this form to be eligible to attend and participate in any SkillsUSA activity/conference. This form should be returned to the local SkillsUSA Chapter Advisor who will forward all forms to the SkillsUSA State Director.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate Parent/Guardian

Name _____Name_____
Home Address_____
Parent/Guardian/Telephone: Home: _____Work:_____
Student's Physician: _____Phone: _____
Physician's Address: _____
Alternate Contact: _____
Telephone Number: Home: _____Work:_____
Local Advisor: _____School Name: _____
Student is covered by group or medical insurance: _____ Yes _____ No
If yes, complete the following information:
Name of insured: _____Insurance Company: _____
Group #: _____Policy #: _____
Please completely describe any medical condition which may recur or be a factor in medical treatment:
a. Allergies:_____ 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: _____Prescribing Physician/Phone Number: _____

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 insurance coverage during this trip. I hereby release the National SkillsUSA Board of Directors, the National SkillsUSA Staff, State and Local SkillsUSA Associations, and any designated individual in charge of the SkillsUSA 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 including competitive events.

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 permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date _____
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian)

Delegate's Signature: _____ Date _____

Advisor's Signature: _____ Date _____

School: _____

SkillsUSA
Summer Leadership Institute
Conduct Code

A good reputation enables members to take pride in their organization. SkillsUSA members have an excellent reputation. Your conduct at any SkillsUSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and SkillsUSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (SkillsUSA Conference name badges shall be worn at all times at SkillsUSA functions)
3. You are expected to attend all 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 advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means that each person must be in own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending any SkillsUSA activity/conference may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. All SkillsUSA Conferences are a non-smoking conference.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
11. Members are to abide by the SkillsUSA Attire Policy at all business sessions, general sessions, competitive events and other Conference activities.
12. As a SkillsUSA member, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Oklahoma and National SkillsUSA.

GENERAL SESSION PROTOCOL: The general sessions should be enthusiastic but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session.

I understand and will adhere to SkillsUSA's Dress Code Policy for all general sessions and for social activities. I have read the Code of Conduct for SkillsUSA and agree to abide by these rules.

_____

Print Name of Parent/Guardian Parent/Guardian Signature Date

_____

Print Name of Student Student Signature Date

School: _____