

PARENT/GUARDIAN PERMISSION FORM

Student's Name: _____

School: _____

Home Address: _____

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The student listed above has my permission to attend the following Business Professionals of America, Delaware Association activity:

Business Professionals of America, Delaware Association
Secondary Fall Leadership Conference, November 1, 2011
Sheraton Dover Hotel, Dover, DE

Parents are asked to list any allergies or possible illnesses for which medicine or treatment that may be needed during the above conference period.

Please Print:

Allergies: _____ Type of Medicine Carried: _____

Currently being treated for: _____

Medical Insurance Carrier: _____

Policy Number: _____

Please specify the person to be contacted in case of illness:

Name _____

Address _____

Telephone # _____ City _____ State _____ Zip _____

Permission is given for emergency treatment by a physician should it be necessary.

(Parent/Guardian Signature)

(Notary Signature)

(Date)

(Date Notarized)

I understand that the school and the State of Delaware assume no responsibility beyond normal chaperoning and advisory activities. I further understand that the student listed above will strictly adhere to all rules of conduct and dress code to be prescribed for all participants.

Advisors are requested to keep the completed original form with them at all times during the scheduled conference activity.