



**Delaware Career and Technical Student Organizations  
Fall Leadership Conference  
November 1-2, 2016  
Delaware State University, Dover**

**PARENT OR GUARDIAN PERMISSION**

\_\_\_\_\_ has my permission to attend and participate in the **2016 Career and Technical Student Organizations Fall Leadership Conference**. High school students will attend the conference on November 1, 2016 and middle school students will attend the conference on November 2, 2016 at Delaware State University in Dover, DE. I understand the Delaware delegation will be traveling by **bus/student/family car/plane**. My child has been made aware that they are to obey the rules of the Delaware delegation and of the supervisors assigned to them. If there is some reason my child needs medical attention or for some disciplinary reasons must be sent home, I will be contacted.

Signature of Parent or Guardian	Date
Phone number	

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**Please check one:**

\_\_\_\_\_ I hereby GRANT PERMISSION to the Delaware Department of Education to use my child’s picture for publication. *I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child’s right of privacy, or any other manner in any way connected with the use or publication of the photographs taken by the Department of Education.*

\_\_\_\_\_ I DO NOT wish to grant permission to the Delaware Department of Education to use my child’s picture for publication.

Parent/Guardian’s signature	Date
Parent/Guardian’s printed name	Relationship to student
Signature of student	Date
Student’s printed name	