North Carolina North Carolina

NC FCCLA
State Leadership Conference

Chapter Adviser: ______________________________ School: __________________________

Health Form / Permission Form

Must be completed for EVERYONE attending the NC FCCLA STATE LEADERSHIP CONFERENCE ***(Bring this form with you to the conference)***

Name of Delegate: ____

Address: ____

Home Phone #: ____

Check One: ☐ State Officer ☐ Member ☐ Adviser ☐ Parent ☐ Guest

Health Insurance Company: ____

Policy # (Required or Social Security Number): ______________________________________

Location of Insurance Card: ____

1. Contact in Emergency:________________________ Relationship: ____________________

   Daytime Phone Number:________________________ Evening Phone Number: _______________

2. Contact in Emergency:________________________ Relationship: ____________________

   Daytime Phone Number:________________________ Evening Phone Number: _______________

Current Medications: ____________________________ ____________________________________

____________________________ ____________________________________

Medical Conditions to be Noted: ____

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The above delegate has my permission to attend the NC FCCLA State Leadership Conference. The local adviser and/or state staff (and designees) have my/our permission to obtain medical treatment for my/our son or daughter (or myself), if necessary. I shall indemnify and hold harmless the North Carolina- Family, Career and Community Leaders of America, its officers and directors and employees, for loss or liability including reasonable attorney fees arising out of acts or omissions of myself in connection with all aspects of the meeting, including claims by exhibitors, invitees, guests, contractors, subcontractors, suppliers, and other persons dealing with the association in connection with the meeting.

I understand that any obligation to settle any claims arising out of negligence or destruction of property during the meeting will be paid for by the individual responsible. If it becomes necessary for my/our son or daughter (or myself) to leave the meeting for disciplinary or medical reasons, I/we will assume responsibility for the return home.

Signature/s: ________________________________ Date: ___________________________
Parent(s) / Guardian(s)

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I have read and agree to abide by the Delegates Code of Conduct.

Delegate Signature: ______________________________ Date: ___________________________