

**NC FCCLA  
Fall State Projects Leadership Training**

Chapter Adviser: \_\_\_\_\_ School: \_\_\_\_\_

**Health Form / Permission Form**

*Must be completed for EVERYONE attending the NC FCCLA Fall State Projects Leadership Training Workshop (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: \_\_\_\_\_



The above delegate has my permission to attend the NC FCCLA Fall State Leadership Projects Training Workshop. 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)



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

Delegate Signature: \_\_\_\_\_ Date: \_\_\_\_\_