FAMILY, CAREER & COMMUNITY LEADERS OF AMERICA

2019-2020 MEDICAL & TRAVEL RELEASE FORM

MEMBER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Parent’s Address City, State Zip

Am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of

Relationship Member’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Student’s Address (IF DIFFERENT FROM PARENT) City State Zip

I hereby give my consent; in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required. This treatment will be in the judgment of advisor, Mrs. Beth Beattie, or other Montgomery County R-2 school personnel while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attending one of the activities of FAMILY, CAREER, & COMMUNITY LEADERS OF AMERICA during the school year. These MAY or MAY NOT include the following:

CHAPTER OFFICER TRAINING WORKSHOP MONTGOMERY CITY, MO SEPTEMBER 23, 2019

NATIONAL CAPTIOL LEADERSHIP WASHINGTON, D.C. SEPTEMBER 30 – OCTOBER 2, 2019

CARDINALS BASEBALL GAME & CAREER DAY ST. LOUIS, MO SEPTEMBER 2019

REGIONAL OFFICERS DRESS REHEARSAL TROY, MO OCTOBER TBD, 2019

REGION 4 MEETING TROY, MO OCTOBER 8, 2019

STATE FALL FCCLA CONFERENCE OSAGE BEACH, MO OCTOBER 26-28, 2019

STATE OFFICER PLANNING MEETING JEFFERSON CITY, MO DECEMBER 9-10, 2019

REGIONAL OFFICER ELECTIONS MONTGOMERY CITY, MO JANUARY 20/27, 2020

REGIONAL STAR EVENTS COMPETITION MONTGOMERY CITY, MO JANUARY 20/27, 2020

FCCLA LEGISLATIVE SHADOWING JEFFERSON CITY, MO MARCH 3-4, 2020

MOACTE LEGISLATIVE ADVOCACY DAY JEFFERSON CITY, MO FEBRUARY 2019

STATE LEADERSHIP MEETING OSAGE BEACH, MO MARCH 14-17, 2020

SPRING REWARDS TRIP TBA MAY 2020

REGIONAL OFFICER PLANNING MEETING TBA MAY / JUNE 2020

NATIONAL LEADERSHIP CONFERENCE WASHINGTON, D.C. JULY 5-9, 2020

Member’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member’s cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian phone number(s): Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Number City State Zip

Family Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Number City State Zip

MEDICAL INSURANCE COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF INSURED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any hospital or practitioner not having access to medical history needs the following information:

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICATION BEING TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHYSICAL IMPAIRMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent/guardian cannot be reached in case of an emergency, call:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Choice NAME Home phone # Work phone # Cell phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Choice NAME Home phone # Work phone # Cell phone #

I authorized Mrs. Beattie and other adult sponsors of these trips to give their consent to, and arrange for, any and all emergency medical, surgical and dental diagnosis they deem necessary for said child while in their care.

I agree to indemnify and hold harmless the National Association of Family, Career & Community Leaders of America (FCCLA), the Missouri Association of FCCLA, the Montgomery Co. Chapter of the FCCLA, the individual members, agents, employees and representatives thereof, for any and all claims, demands, actions, right of action, and/or judgments by or on behalf of the above names member arising from or on account of such procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold FCCLA or Montgomery County R-2 Schools responsible in the event of a medical emergency.

As with all extracurricular activities, drugs and alcohol are not allowed on school trips. In an effort to protect students, bags will be checked before departure on overnight trips and your child may be asked to take a passive breathalyzer test while on an FCCLA trip. In the event of an issue, both parents and administration will be contacted.

By signing this, I also give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to travel from Montgomery Co. High School to the listed activities and others that the member may be involved in with Mrs. Beattie. I also give the following media permissions listed below.

**MCHS FCCLA MEDIA RELEASE**

Montgomery Co. R-2 FCCLA is including photos and videos of students, teachers, and school activities on its website, the Montgomery Standard newspaper, and forwarding a few activities on to the Region 4 website and Missouri FCCLA blog. Please mark ONE of the following options:

\_\_\_ We/I hereby give permission for school to use photos along with the first and last name of the student on the school website and other electronic forms of communication.

\_\_\_ We/I hereby *do not* give permission for school to use photos on school websites and other electronic forms of communication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent / Guardian Date

**PROFESSIONALISM**

At local, regional, state and national events, you are representing our chapter and MCHS. It is your responsibility to make sure that you are at all times and in all places, representing yourself in a positive manner. Students who are not maintaining professional conduct will be warned or if the situation warrants immediate action, will be sent home. If a student is warned, parents will be notified for pick up of their child upon next incident. If an incident occurs on a trip or in school, further travel will be restricted or denied.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student / Member Date