

**New Hampshire
Future Business Leaders of America
Student Medical Information Sheet
(Revised 2006)**

Student Name:

Parent's/Guardian's Name:

Complete Mailing Address:

Home Telephone Number:

Work Telephone Number:

High School:

Adviser Name: Telephone No.

In case parents or guardian cannot be reached, the adviser should contact:

Name Telephone No.

Name Telephone No.

Please give insurance information which may be needed in the event of an accident.

Medical Ins. Co. Name:

Policy Identification No.:

Are there any medical problems that the FBLA Adviser should be alert to?
(Please include any instructions regarding medication, etc.:

I understand that NH FBLA, the FBLA Adviser, and/or chaperones are not liable for any student accidents.

PARENT MEDICAL TREATMENT CONSENT FORM

(Parent or Guardian)

(Relation to Student)

(Name of Student)

(Age)

(Soc. Sec. No.)

I hereby authorize in advance any necessary medical treatment required by

(Name of Student)

while he/she is absent from home from

(Date)

To

(Date)

(Signature of Parent or Guardian)

(Date)

NOTARY SECTION

I CERTIFY THAT

(Name of Parent or Guardian)

APPEARED BEFORE ME ON

(Date)

AND SIGNED THE ABOVE STATEMENT.

(Signature of Notary Public)

My Commission expires on _____.

PERMISSION SLIP AND PICTURE CONSENT FORM

Students will be expected to abide by NH CTSO Guidelines for State and National Conferences, as well as the Rules and Regulations of their school.

FBLA and CTSO guidelines include the following:

1. Members shall follow the FBLA Code of Conduct and adhere to the proper Dress Code as stated in the Conference Program.
2. Members shall attend general sessions and activities provided. Members will not be allowed to leave the FBLA conference facility without approval of the Adviser/Chairperson/ or authorized accompanying chaperone.
3. Members shall respect all public and private property. Members shall also respect the rights and comfort of others at the conference facility with respect to noise, language, and general conduct.
4. Members will follow the rules established by their adviser concerning visiting individuals of the opposite gender.
5. Members shall refrain from the use of tobacco, alcohol, or illegal substances. Any prescription drugs must be in the possession of the adviser unless prior arrangements have been made.
6. Members will be in their assigned rooms by the designated curfew and stay in their rooms as determined by their adviser.
7. With probable cause, the Adviser, Chairperson, or authorized chaperone will have the right to search or have hotel security search personal belongings and/or assigned rooms.

My parents and I have read the preceding rules and regulations and understand that any infraction of any of these rules and regulations will be sufficient cause for my participation in the conference to terminate and for me to be sent home at my parent's expense.

Parents, please check one of the following:

| | | | |
|--------------------|---|--------------------|---|
| Check Here: | I give permission for my son or daughter to have their picture taken and used on local NH FBLA web pages, in slide shows, scrapbooks, or other promotional materials. | Check Here: | I do not give permission for my son or daughter to have their picture taken and used on local NH FBLA web pages, in slide shows, scrapbooks, or other promotional materials. |
|--------------------|---|--------------------|---|

I give my permission for this conference.

to participate in

(Name of Student)

(Signature of Parent or Guardian)

(Date)

(Signature of FBLA Member)

(Date)