

NORTH CAROLINA FCCLA STUDENT MEDICAL RELEASE & CODE OF CONDUCT

North Carolina FCCLA members have an excellent reputation. Your conduct at every FCCLA function should make a positive contribution to extending that reputation. Listed here are rules of conduct for all FCCLA meetings and activities. All attendees will be expected to:

1. Behave in a courteous and respectful manner, refraining from language and actions that might bring discredit upon themselves, their school, other attendees, advisers, or upon North Carolina FCCLA.
 2. Obey all local, state, and federal laws.
 3. Avoid conduct not conducive to an educational conference. Such conduct includes, but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others.
 4. Keep your adviser/s informed of your activities and whereabouts at all times. Accidents, injuries, and illnesses must be reported to the local adviser/s immediately.
 5. Observe curfews as listed in the program or announced. Local advisers and security personnel will enforce curfew. Curfew is defined as being in your own assigned room by the designated time.
 6. The use of alcohol, tobacco products, vaping, controlled or illegal substances of any form is prohibited. These items must not be used or possessed at any time, or under any circumstances. Use or possession of such substances may subject the attendee to criminal prosecution.
 7. Act as a guest of the hotel. Attendees must obey the rules of the hotel or meeting facility. The hotel has the right to ask a guest to leave. Noise should be kept at a reasonable volume; remember there are other guests in the hotel. Individuals or chapters responsible for damages to any property or furnishings will be responsible for repair or replacement.
 8. All participants are expected to follow the North Carolina FCCLA Dress Code, found on our website (www.ncfccla.org) while participating in any FCCLA activity.
 9. Students are expected to participate in all conference sessions, activities and workshops, and remain until the activities conclude.
- Delegates who disregard or violate this code will be subject to disciplinary action, including, but not limited to, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents/guardians will be notified and North Carolina FCCLA reserves the right to notify law enforcement.

➔ I agree to abide by the Code of Conduct. _____
Student's Signature Date

PARENT MEDICAL CONSENT AND INFORMATION

I, _____, Parent/Guardian of _____,
(Student's Name) (Age)

give permission to physicians selected by the adviser/teacher of _____
(child's school name)

to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above while he/she is at the North Carolina FCCLA meeting: April 27-29, 2020

Student's School Identification Number: _____ Date of Birth _____

IMPORTANT MEDICAL INFORMATION: Answer these questions to assist a physician in an emergency.			
List any health problems that may be significant:	List any medications he/she takes:	List any allergies (include allergies to medications):	Has the student been prescribed an inhaler or epipen? _____
			Is the student allergic to stings? _____
			Does the student wear contact lenses? _____
			Please list date of last tetanus shot: _____

An **optional** special event will be available for students. Circle "yes" if the student may choose to attend this event: **YES**

Telephone numbers where you can be reached (please include area code):

Daytime: _____ Evening: _____ Other: _____

Parent/Guardian Address: _____

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

Name: _____ Telephone: _____

➔ I agree that the student will abide by the code of conduct and I have provided the necessary medical information. Photos and videos of the conference will be on the North Carolina FCCLA website and may be used in promotional materials. I understand that the above student may appear in visual media and that no individual name or personal information will be included.

Scan & email to
 jlwatson2@wsfcs.k12.nc.us; or
 fax to (336) 996-0148; or mail to
 1200 Old Salem – Kernersville, NC 27284

➔ _____ **Parent/Guardian Signature**
 ➔ _____ **Adviser Signature**

NOTE: Please email, fax, or mail by April 20 for each student attending the State Leadership Conference.