

Student Waiver and Information

Student's DECA Event Code

Passport Number

Chapter

Email Address

Consent letter for children travelling abroad

The following sample letter is provided by Foreign Affairs and International Trade Canada (www.travel.gc.ca) and can be modified to meet your specific needs and situation.

To whom it April concern,

I / We,

full name(s)

am / are the lawful

person(s) / organization with:

- *custodial rights,*
- *guardianship rights, or*
- *parental authority (in Quebec only)*

of

child's full name

Information about travelling child

Date and place of birth:

dd/mm/yyyy

location

Number and date of issue of passport:

number

dd/mm/yyyy

Issuing authority of passport:

country where passport was issued

Information about accompanying person

The aforementioned child has my / our consent to travel with

Name:

full name of accompanying person

Date and place of birth:

dd/mm/yyyy

location

Number and date of issue of passport:

number

dd/mm/yyyy

Issuing authority of passport:

country where passport was issued

Contact information during trip

I / We give our consent for the aforementioned child and accompanying person to visit

Location:

name of foreign country

during the period of

date of departure to date of return

to reside with

full name of person with whom child will be residing in foreign country

at the following address:

street address, city

province/state, country

Telephone and fax numbers:

telephone

fax

E-mail:

Information about person(s) giving consent

Any questions regarding this consent letter can be directed to the person(s) or organization giving consent at:

Name(s): _____
full name(s) of person(s) or organization giving consent

Address: _____
street address, city

_____ *province/state, country*

Telephone and fax numbers: _____
telephone _____ *fax*

E-mail: _____

Signature(s) of person(s) giving consent

Signature of witness

signature(s) of person(s) giving consent

dd/mm/yyyy

full name of witness

signature of witness

dd/mm/yyyy _____ *location*

Signature of accompanying person

Signature of witness

signature of accompanying person

dd/mm/yyyy

full name of witness

signature of witness

dd/mm/yyyy _____ *location*

ATTENDANCE:

This is to certify that _____ has my permission to attend the ICDC in
(Print student's Name)

Orlando, Florida. I also do hereby, on behalf of _____ absolve and release the
(Print student's Name)

school officials, the DECA advisors and the assigned International/Provincial DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to, from or during a DECA-sponsored activity.

EMERGENCY:

I authorize the advisor to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs if the insurance does not cover it.

We have read and agree to abide by the DECA Code of Conduct. We also agree that school officials, the DECA chapter advisors, the International/Provincial DECA staff, or the Conference Conduct Committee, have the right to send

_____ home from the activity at our expense, provided that he/she has violated the Code of
(Print student's Name) Conduct and/or his/her conduct has become a detriment.

Student Signature

Parent/Guardian Signature

Chapter Advisor Signature

Principal's Signature

Health and Safety Form ~ Student Form

All information will be kept confidential.

Student's Name: _____
(Last Name) (First Name)

Date of Birth: _____
(MM DD YY) (Home Phone)

Family Doctor: Name: _____ Phone: _____

Ontario Health Card: Number: _____ Name on Card: _____

Do you have any special medical conditions, which must be taken into consideration to ensure your full participation in this trip? YES ___ NO ___ If yes, please provide details: _____

Do you have any allergies or sensitivities? YES ___ NO ___ If yes, please provide details: _____

Do you have any serum sensitivity? YES ___ NO ___ If yes, please provide details: _____

I hereby give the supervising teacher/advisor permission to use this information if I require medical attention.

Student's Signature

Date

Student Media Release

I, _____, hereby give consent to my child to be filmed, interviewed, photographed or have audio or video recordings made of my child by the media (print, broadcast and on-line), and employees, agents or servants of the DECA Ontario for the **2014 – 2015** school year. I understand that the text or image(s) April appear in electronic form on the internet or in other publications outside of DECA Ontario's control. I agree that I will not hold the DECA Ontario responsible for any harm that April arise from such unauthorized reproduction.

Name of Student: _____

Home Telephone Number: _____

Name of Chapter: _____

Signature of parent/guardian if student is under 18 years of age;
signature of student if an adult, 18 years of age or older.

Date

ICDC Student Commitment Form

Students who are attending this year's International Career and Development Conference in **Orlando, Florida** in April April be eligible to receive a subsidy to be paid to their schools upon return. The money will be paid to the school upon recognition that the student and Advisor has acted in accordance with DECA Ontario and ICDC rules, regulations and expectations. In order for the school to receive the subsidy, **the delegate will:**

1. Attend the pre-ICDC meeting on **Sunday, April 12, 2015** at the Capitol Banquet Hall in Mississauga.
2. Attend the pre-ICDC Written Events meeting on **Sunday, March 29, 2015** at the Capitol Banquet Hall in Mississauga. This event is mandatory for students competing in the Written Events competitive events only.
3. Participate in all DECA Ontario events while in **Orlando, Florida.**
4. Follow all rules as stated in the DECA Code of Conduct ~ International and Ontario Codes (attached); Examples but not limited to: no alcohol, no smoking in a DECA blazer, no drugs; curfew violation, loud/rude behaviour, inappropriate language, creating a disturbance, allowing non-approved visitors into hotel, being in restricted areas, opposition to authority, etc.
5. Report any unauthorized behaviour to an Advisor or Board member.
6. Attend all Awards and Training sessions while at the conference. Will be on time, participate during the entire session and leave only when the session is completely over.

The DECA, Advisory Council will be notified of any infractions. After an investigation, the council will then determine whether the subsidy will be given or be revoked for the student(s) and or Advisor involved. The Chapter must be in good standing with DECA Ontario and that that there are no outstanding debts or that the chapter is in arrears. One cheque, made out to the school, will be issued upon return to Ontario.

We thank you for your full co-operation in making ICDC a safe and enjoyable event for everyone involved. By signing this form, I agree to abide by the rules.

Print Student's Name

Student's Signature

Print Parent's Name

Parent/Guardian Signature

School

Date