

ARIZONA FCCLA COMPREHENSIVE CONSENT FORM

School Name and School Phone

Student's Name

Adviser Name / Adviser Cell Phone

Grade

NOTE: All pages must be completed and submitted

Birthdate

PURPOSE: This form, complete with all information and signatures required, must be submitted by each student prior to attending any area, state or national FCCLA conference. It is recommended that this form be on file in each local school by October 1 and that it be maintained on file. Additionally, the FCS Education instructor/chapter adviser is asked to bring this form to each conference. Completion and signing of this document indicates that the student, parent or guardian, adviser and school administrator have read this form and approve of its contents. Completion/signing of this document provides consent for:

1. Student attendance at and travel to and from conferences/activities as specified below.
2. Emergency medical treatment.
3. Student abiding by the Code of Conduct.
4. Student abiding by the Dress Code.
5. Waiver of Liability.

PHILOSOPHY: It is a privilege for a student to attend area, FCCLA events. As such, each student has the unique opportunity to represent his/her school, community and family as a student professional. Students are expected to follow all rules and regulations stated herein. In cases of uncertainty, the student should confer with his/her adviser or chaperone prior to acting, since ignorance of rules and regulations will not be considered an acceptable excuse. Advisers, chaperones and state staff assume the responsibility of enforcing all rules and regulations to ensure, to the degree possible, the safety and well-being of the student.

CONFERENCES: Consent and approval indicated by the signing parties are applicable but not limited to the following activities:

1. National Leadership Conference (NLC)
2. Fall Leadership Conference (FLC)
3. Chapter Leadership Camp (CLC)
4. State Leadership Conference (SLC)
5. Any additional events or activities sponsored by Arizona FCCLA

MEDICAL CONSENT:

I, as indicated by my signature below, _____
(Name of Parent or Guardian) (Relationship to Student)

of _____
(Student Name) (Age)

of _____
(Complete Home Address, Including Zip Code) (Home Phone) (Emergency Phone)

hereby authorize in advance any necessary medical treatment required while traveling to and from and while attending the conferences/activities referenced on this form.

He/she is insured for medical coverage by _____
Insurance Company Policy No.

Medical conditions of which you should be aware are (i.e., heart condition, allergies, diabetes, asthma, epilepsy, rheumatic fever, etc.) _____

Medication currently being taken is _____

Personal physician is _____
Name Address Phone No.

ARIZONA FCCLA COMPREHENSIVE CONSENT FORM

SPECIAL NEEDS: Arizona FCCLA recognizes the special needs of our members. If any member has a special need that will require accommodation, the member is requested to inform their chapter adviser of such needs so accommodations can be made. The chapter adviser is responsible for communicating that request to the Arizona FCCLA State Adviser

CODE OF CONDUCT: Participation in Arizona FCCLA activities provides an opportunity for students to interact with family and consumer science professionals, adult FCCLA supporters, other FCCLA members and the general public. As a result of establishing a positive, ethical and professional image many businesses, civic organizations and individuals provide financial and human resources to FCCLA and its student members. Once again, should you have a question concerning what constitutes acceptable behavior, ask your adviser or chaperone prior to making a decision. FCCLA values its reputation and asks that you help maintain it. The following Code of Conduct has been established and is enforced at all conferences and activities.

VIOLATIONS: The following have been identified as “extremely serious” violations:

1. Insubordination.
2. Failure to follow the Arizona FCCLA Dress Code.
3. Tardiness to conference activities. If tardy by 30 minutes or more, a Level Two penalty applies.
4. Missing curfew by less than 30 minutes and by not being in your assigned room with the door closed and noise kept to a minimum.
5. Other violations not mentioned above but identified by the adviser, chaperone, state staff, or school official.
6. Violation of any city, state, or federal law.
7. Possession, consumption, transportation, or purchase of any alcoholic beverage or illegal substance. If alcoholic beverages and/or illegal substance or evidence of their use are found in a hotel room, all occupants of that room shall be subjected to the penalties prescribed below.
8. Defacing, damaging, or stealing public or private property.
9. Failure to attend conference activities, including competitive events, general sessions, and special meetings.
10. Any student being in a hotel room of a person of the opposite gender at any time.
11. Missing curfew by more than 30 minutes. Curfew means being in your assigned room with the door closed and noise kept at a minimum. If you are not staying in the hotel, curfew means that you have left the hotel grounds by the stated time.
12. Throwing any object from a hotel window or vehicle.
13. Inviting or having non-FCCLA members or unregistered individuals in your hotel room at a conference or activity.
14. Leaving the conference site without the knowledge of your adviser or chaperone.
15. Violations not mentioned as identified by the adviser, chaperone, state staff, and/or school official.

CONSEQUENCES:

- Notification of the parent or guardian.
- Verbal and written warning and immediate compliance with conference rules.
- Notification of chapter adviser or state staff.
- Notification of a school official.
- Student, parent/guardian, and Adviser must immediately arrange and pay for alternate travel plans to return home.
- Expulsion from the conference not at the expense of Arizona FCCLA.
- Forfeiture of all awards, moneys, scholarships, travel grants, and future opportunities to participate in Arizona FCCLA activities. National Conference travel scholarships shall be returned to Arizona FCCLA.
- Additional action may be taken at the discretion of the adviser, chaperone, school official, state staff or law enforcement officials.

ARIZONA FCCLA COMPREHENSIVE CONSENT FORM

TRAVEL AND ATTENDANCE: We, as indicated by our signatures below, hereby give my son/daughter permission to attend and travel to and from the conference/activities referenced on this form.

CODE OF CONDUCT: We, as indicated by our signatures below, have read, will comply and assist with the enforcement of the Code of Conduct.

DRESS CODE: We, as indicated by our signatures below, have read, will comply and will assist with the enforcement of the Dress Code. To obtain a copy of the dress code, please contact your chapter adviser.

PHOTOGRAPHY AND SOUND RELEASE:

I hereby grant the Arizona FCCLA and National FCCLA offices permission to make still or motion pictures and sound recordings, separately or in combination, and also give a production company contracted through either the Arizona FCCLA office and/or National FCCLA office permission to use the finished silent or sound pictures, and/or sound recordings as deemed necessary. I also grant Arizona FCCLA and National FCCLA offices permission to share silent or sound pictures with other organizations deemed appropriate, including but not limited to Arizona Department of Education, Career and Technical Education, Association of Career and Technical Education, Association of Career and Technical Education Arizona.

WAIVER OF LIABILITY: We, as indicated by our signatures below, agree to waive the liability of Arizona FCCLA and its staff, the Arizona Department of Education, the Family and Consumer Science Education instructor/adviser and chaperones for accident or illness occurring during transit or while participating in the conferences/activities listed on this form.

SIGNATURES:

| | |
|----------------------------------|---------------|
| _____ Student Signature | _____ Date |
| _____ Parent Signature | _____ Date |
| _____ Teacher Signature | _____ Date |
| _____ Administrator Signature | _____ Date |