LOUISIANA FCCLA STUDENT MEDICAL RELEASE AND CODE OF CONDUCT

Louisiana 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 Louisiana 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 the self of 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, and controlled or illegal substances of any form at the conference 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 <u>rules of the hotel or meeting facility</u>. The hotel has the right to ask guests 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 Louisiana FCCLA Dress Code, found on our website (<u>www.lafccla.org</u>) while participating in any FCCLA activity.
- 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 or privileges to attend further events, or dismissal from the conference.

I agree to abide by the Code of Conduct _____

| | Student's Signature | Date | | |
|---|--|------|--|--|
| | PARENT MEDICAL CONSENT AND INFORMATION | | | |
| Student Name: | Parent/Guardian: | | | |
| Emergency Contact Name & #: | | | | |
| Relation to student: | | | | |
| Family Physician Name: | Physician #: | | | |
| Does the student have medical insurance: (circle one) YES or NO? | | | | |
| Insurance Policy # OR Medical Card #: | | | | |
| I give permission for my son/daughter to receive medical care if needed: | | | | |
| IMPORTANT MEDICAL INFORMATION: Answer the following questions to assist a physician in an emergency | | | | |

| List any health problems | List any medication he/she | List any allergies (include | Has the student been |
|--------------------------|----------------------------|-----------------------------|--------------------------|
| that may be significant. | takes. | allergies to medications) | prescribed an inhaler or |
| | | | EpiPen? |
| | | | |
| | | | Allergic to stings? |
| | | | |
| | | | Wear contact lenses? |
| | | | |
| | | | |

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 Louisiana 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.

Adviser should have this document for the duration of the conference



_____Parent/Guardian Signature

_Adviser Signature