

PA FCCLA PERMISSION/CONSENT FORM

School District or Career and Technology Center Name: _____
(The school name should be where the student holds FCCLA membership)

This permission form for the State Leadership Conference field trip must be on file in the state office for students attending the State Leadership Conference. **The adviser should also carry a school district permission form with the district's required medical information for each student** from departure to return from the State Leadership Conference.

Having reviewed the "State Leadership Conference Rules and Regulations" (the rules may be located at www.pafccla.org)

I hereby give _____ permission to travel to the Lancaster Host Resort and Conference Center, March 15 or 16-18, 2011 and participate in the activities identified. Certain STAR Events will require PA FCCLA transportation to and from off-site facilities.

I do hereby absolve and release school officials, the FCCLA chapter adviser or other responsible adult and the assigned state FCCLA staff from any claims for personal injuries or illness which might be sustained while the participant is traveling to and from or during the FCCLA sponsored activity.

If the medical need should arise, I authorize the FCCLA chapter adviser or other responsible adult to take the named student to a physician or the emergency room of a hospital for treatment while he/she is absent from home.

Participant's last name:	First name:
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Participant's street address:	City:	Zip:
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Home telephone number (include area code):
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School address:	Zip:
Telephone number (include area code):	

Parent/guardian name: (Please type or print)

For insurance Parent/guardian Social Security number: XXX-XX-__ __ __ __

Signature of Parent/Guardian:

School District Approval for the above student to attend the conference and participate in STAR Events:
School Official/Administrator Signature: _____