



ATTENDANCE PERMISSION FORM

ATTENDANCE

This is to certify that _____ has my permission to attend the above named DECA activity. I also do hereby on behalf of him/her absolve and release the school officials, the DECA chapter advisors and the assigned chartered association DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

EMERGENCY

Any medical exceptions to this code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local advisor.

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:

WALK-IN CLINIC

CVS Pharmacy-Minute Clinic
865 North Highland Ave.
Atlanta, GA 30306
404-733-6089

Grady Memorial Hospital

80 Jesse Hill Jr. Drive SE
Atlanta, GA 30303
404-616-1000

PHARMACIES

CVS Pharmacy
235 Peachtree Street NE
Atlanta, GA 30303
404-577-4054

CVS Pharmacy

842 Peachtree Street NW
Atlanta, GA 30308
404-892-8468

HOSPITALS

Crawford Long Hospital of Emory University
550 Peachtree Street
Atlanta, GA 30308
404-686-4411

Piedmont Atlanta Hospital

1968 Peachtree Road NW
Atlanta, GA 30309
404-605-5000

Walgreens

Olympia Building
25 Peachtree Street NE
Atlanta, GA 30303
404-260-1038

CVS Pharmacy

3637 Peachtree Road NE
Atlanta, GA 30319
404-926-3541

We have read and agree to abide by the delegate conduct practices and procedures and dress code. We also agree that the school officials, the DECA chapter advisors, the chartered association DECA staff, or the Conference Conduct Committee members have the right to send the student home from the activity at our expense, provided that he/she has violated the delegate conduct practices and procedures and/or his/her conduct has become a detriment.

Student Signature

Parent/Guardian Signature

Phone

Chapter Advisor Signature

School Official Signature

Insurance Company Name

Policy Number