



DELAWARE SkillsUSA  
EMERGENCY CONTACT FORM

Student Name \_\_\_\_\_

**In case of emergency, we will contact in the following order, unless otherwise noted.**

1<sup>st</sup> Parent/Guardian Name \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Other Emergency Contact Name \_\_\_\_\_

Other Emergency Contact Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Other Emergency Contact Address \_\_\_\_\_  
\_\_\_\_\_

Person Above Responsible for Student's Medical Bills (Guarantor)

Guarantor's Relationship to Student \_\_\_\_\_ S.S. # \_\_\_\_\_



## EMERGENCY MEDICAL TREATMENT/ PARENT OR GUARDIAN CONSENT FORM

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ School: \_\_\_\_\_

I have received and understood the schedule of activities and I hereby agree to allow my child to participate in all SkillsUSA activities. My child has been made aware that they are to obey the rules of the delegation and the supervisors assigned to them. **I hereby authorize in advance any necessary medical treatment required while my child is attending a SkillsUSA activity. I also acknowledge that I will be responsible for medical bills if I do not have medical insurance.** I also do hereby absolve and release school officials, SkillsUSA chapter advisors and assigned state SkillsUSA staff from any claims for personal injuries or illness which might be sustained while my child is en route to and from or during the SkillsUSA sponsored activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### Medical Data

**Please Print:** Parents are asked to list any allergies or known illness for which medicine or treatment may be needed.

Allergies: \_\_\_\_\_

Type of Medicine carried: \_\_\_\_\_

Pre-existing medical conditions and/or physical limitations: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Guarantor's Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Plan Number: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

Notary's Signature & Seal (required for out of state): \_\_\_\_\_

Date: \_\_\_\_\_



Delaware  
Department of Education

**DELAWARE  
DEPARTMENT OF EDUCATION**

**Parental Authorization**

**Please check one:**

I hereby grant the Delaware Department of Education permission to use \_\_\_\_\_  
\_\_\_\_\_’s (*please insert student’s FULL name*) picture for publication purposes only.

*I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child’s right of privacy, or any other manner in any way connected with the use or publication of the photographs taken by the Department of Education.*

I do not wish to grant permission to the Delaware Department of Education to use my child’s picture for publication.

\_\_\_\_\_  
Parent/Guardian’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian’s printed name and relationship to above

\_\_\_\_\_  
If in high school, signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s printed name

### Code of Conduct- Practices and Procedures

Delaware SkillsUSA requires each delegate attending to read, understand and sign the Code of Conduct Practices and Procedures. Return this form to the Chapter advisor prior to attendance at the **Delaware SkillsUSA sponsored event.**

- The term “delegate” shall mean any SkillsUSA member, including advisors, attending conferences.
- There shall be no defacing of public property. Any damage to any property, furnishing or facilities must be paid for by the individual or chapter responsible.
- Delegates must wear identification badges at all times.
- Delegates shall refrain from using inappropriate or profane language at all times.
- Delegates shall refrain from verbal or physical harassment, hazing or name-calling.
- Delegates shall respect the rights and safety of each other and guests.
- Delegates shall not possess alcoholic beverages, narcotics or weapons in any form at any time under any circumstances.
- Delegates shall refrain from gambling or games of chance for money or other things of value.
- Use of tobacco products by delegates is prohibited at all SkillsUSA functions.
- Delegates **must adhere to the dress code** at all times. Contest appropriate attire must be worn. *In most other instances business casual attire is acceptable. Visit the national website for official attire guidelines.*



<http://www.skillsusa.org/about/history-brand-resources/emblem-colors-and-official-attire/>

- Delegates must dress and behave in a professional manner.
- Students shall keep their adult advisors informed of their activities and whereabouts at all times.
- No delegate shall leave the conference property without permission (except for authorized events) unless permission has been received from chapter and state/provincial advisors.
- Delegates should be prompt and prepared for all activities.
- Delegates should be financially prepared for all activities.
- Delegates are required to attend all sessions and activities assigned including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment scheduled at the same time.
- Chapter Advisors are responsible for student conduct.
- Delegates willfully ignoring or violating any of the above rules may subject their entire delegation to being unseated and their candidates or competitive events to being disqualified. Individual delegates may be sent home immediately at their own expense. Delegates should display positive sportsmanship, and positive demeanor with each other and guests.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Student Name (signature)

\_\_\_\_\_  
Date