Missouri DECA Comprehensive Consent Form

2025-26

The Missouri Association of DECA requires each delegate attending a state association approved conference to read and complete this form and return it to the Chapter Advisor as partial completion of the registration requirements. Completion and signing of this form indicate that the DECA member, DECA member's parent or guardian, school administrator, and chapter advisor have read this form and approve its contents. Consent and approval indicated by the signing parties are applicable to the following Missouri DECA activities:

Fall Leadership Conference – Branson Hilton Convention Center • October 12-13, 2025

District Vice President Training Conference — Jefferson City • November 4, 2025

State CDC Planning Meeting — January 10, 2026

Missouri ACTE Legislative Day — Jefferson City • February 10, 2026

State DECA Career Development Conference — Kansas City • March 22-24, 2026

International DECA Career Development Conference — Atlanta, GA • April 24-29, 2026

TRAVEL CONSENT

I hereby give my son ☐ daughter ☐, _____, permission to participate in the Missouri DECA activities listed above.

MEDICAL CONSENT

I, _____, _____, of _____, _____,
(Name of Parent Guardian) (Relationship to Member) (Name of Member) (Age)

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

_____, hereby authorize in advance any necessary medical treatment required by my
(Home Phone Number)

son/daughter listed above while he/she is absent from home while participating in any of the activities listed above.

Parent's work phone number: (____) _____ Parent's cell phone number: (____) _____

Family Physician's Name: _____ Phone: (____) _____

Street/City/State/Zip:_____
_

List all medications allergic to: _____

Please make a COPY OF BOTH THE FRONT
AND BACK OF YOUR HEALTH INSURANCE COMPANY CARD
and attach to this document.

CONSENT

By signing below, I hereby, authorize the Missouri Department of Elementary and Secondary Education to publish and make publically available information that may otherwise be considered “personal information” within the meaning of § 105.1500, RSMo. Such information may include name, photographs, school name and Career and Technical Student Organization involvement on the Missouri DECA website, conference app, or social media accounts.

DELEGATE CONDUCT PRACTICES AND PROCEDURES

1. The term “delegate” shall mean any DECA member, including advisors, attending Missouri DECA approved activities.
2. There shall be no defacing of public property. Any damages to any property or furnishing in the hotel rooms or building must be paid for the individual or chapter responsible.
3. Delegates shall keep their adult advisors informed of their activities and whereabouts at all times.
4. Delegates should be prompt and ready for all activities and financially prepared for all possibilities.
5. No alcoholic beverages or narcotics in any form shall be possessed by delegates at any time, under any circumstances.
6. No smoking will be permitted.
7. No delegates shall leave the conference site (except for authorized activities) unless permission has been received from the Chapter Advisor.
8. Delegates are required to attend all general sessions and activities assigned, including workshops, competitive events, committee meetings, etc. for which they are registered unless engaged in some specific assignment taking place at the same time.
9. Identification badges will be worn at all times, and competitors must be prepared to show picture identification.
10. Appropriate dress of businesslike attire is expected. DECA blazers are proper for any conference activity.
11. Chapters will be responsible for delegates’ conduct.
12. No boys in girls’ rooms, no girls in boys’ rooms without the door wide open and permission of Chapter Advisor or chaperone.
13. Students are not allowed to drive to any State, Regional or International DECA event. All delegates (including advisors) to these conferences are expected to travel as a delegation, attend the entire conference and complete all conference activities.
14. Delegates violating or ignoring any of the conduct rules will subject their entire delegation to being unseated and their candidates or competitive events participants being disqualified. Individual delegates may be sent home immediately at their own expense. Curfew will be enforced. Curfew means delegates will be in assigned rooms.
15. Delegates shall not engage in any lewd, indecent, sexual, or obscene act or expression. Delegates shall not engage in verbal, physical, or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, creed, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

I approve the student named on page 1 to attend and travel to the Career Development Conference and other listed activities of DECA. I realize that violation of any rules can result in the immediate return of the student, at his or her own expense, to his/her home community. It is the responsibility of the parent/guardian to meet the delegate at the airport, bus terminal, etc., should it be necessary to send the delegate home.

Furthermore, I have read and fully understand the Missouri DECA Delegate Conduct Practices and Procedures and agree to comply with these conduct guidelines. I am aware of the consequences that will result from violation of any of the above guidelines.

____ (Parent or Guardian Signature) _______________________ (Date)

____ (DECA Member Signature) _______________________ (Date)

____ (Chapter Advisor Signature) _______________________ (Date)

____ (School Official Signature) _______________________ (Date)

(SIGNATURES REQUIRED)

STUDENT PERMISSION/MEDICAL RELEASE FORM

Code of Conduct Agreement, Permission to Participate in Activities, Media Authorization Release of Liability, Emergency Medical Treatment Authorization:

Student Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Email: _____

High School: _____ Advisor: _____

Parent/Guardian Phone: _____ Email: _____

This is to certify _____ has my permission to attend all Missouri DECA sponsored activities for the _____ School Year. I also release ***Missouri DECA,*** the school officials, the ***(_____)*** chapter advisors, conference staff, and ***Missouri DECA*** staff and volunteers from any claims for personal injuries/damages which might be sustained while (s)he is traveling to and from an event or during a Missouri DECA sponsored activity.

I certify that my child is a swimmer / non-swimmer. I give permission for them to participate in aquatic activities. **(CIRCLE ONE)**

I give permission to ***Missouri DECA*** and its staff, volunteers, and sponsors, and local or state Department of Education to use the student's name and likeness (including photos, videos or quotes) in publications, productions, social media and on websites for informational, promotional or other **Missouri DECA** purposes without further contact.

I acknowledge and understand that the chapter advisor establishes the guidelines for individual students to attend and participate at all ***Missouri DECA*** events.

I authorize the above named advisor or Missouri DECA staff to secure the services of a doctor or hospital for (_____). I will pay the expenses for necessary services in the event of accident or illness.

We have read and agree to abide by the supplied ***DECA*** Code of Conduct. Should a Code of Conduct violation occur, law enforcement personnel and or security may be called. A student in violation of this Code of Conduct may be disqualified and sent home at his or her family's expense and membership may be revoked. If the student is an officer, a violation may result in removal from office. If the student is sent home, all measures will be used to secure a safe and financially sound method of travel home.

Student Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Chapter Adviser Signature: _____ Date: _____

MEDICAL INFORMATION

Known Allergies (drug or natural) _____

Current Medication _____

History of heart condition, diabetes, asthma, epilepsy or other chronic condition_____

Any physical restrictions _____

Other conditions _____

Primary Care Physician _____ Phone: _____

ENPICA EDUCATION AND NON-PROFIT INSURANCE COMPANY of AMERICA, LLC

COVID -19 Acknowledgement and Personal Responsibility Policy

There is no higher priority of Missouri DECA than the health, safety and well-being and of our members, staff, volunteers and community partners. As we closely monitor the COVID-19 pandemic, we continue to make decisions with this in mind. As part of Missouri DECA community we all have a responsibility to help protect each other.

According to the CDC, COVID-19 is primarily spread from person to person through respiratory droplets produced when coughing, sneezing or heavy breathing. Transmission is slowed by wearing a cloth face covering and/or maintaining a distance of at least 6 feet between people. In compliance with current CDC recommendations, local mandates and/or statewide protocol, all attendees of in person activities, meetings, conferences, gatherings and competitions sponsored by Missouri DECA or when representing Missouri DECA at public or school-based activities are asked to adhere to the following recommended guidelines:

- Seek medical attention, self-isolate and do not attend events if you are experiencing any of the following COVID-19 symptoms:
  - Fever (defined as a temperature greater than 100.4)
  - Shortness of breath
  - New loss of taste of smell
  - Chills, muscle pain or sore throat
  - New or worsened cough
  - Nausea, vomiting diarrhea
  - Runny nose or congestion
- Wear a cloth face covering at all times when in public areas.
- Be mindful of social distancing. Maintain a space of 6 feet between yourself and others if able.
- Wash your hands with soap regularly and frequently. If soap and water is not accessible, use hand sanitizer
- Practice proper cough and sneeze etiquette.
- If you have been in close contact with someone known to have COVID-19, self-isolate for 14 days.
- Disinfect surfaces throughout the day that are touched regularly.

Missouri DECA has implemented extensive preventative measures to help reduce the spread of COVID-19. However, Missouri DECA cannot guarantee that members and attendees will not be exposed or infected. Participants acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk and responsibility for exposure and infection.

I have read and understood Missouri DECA Acknowledgement and Personal Responsibility Policy and agree to adhere to the guidelines set forth. I understand that this Policy may be updated in accordance with changing CDC and local guidelines and will be updated accordingly.

_____ _____

Parent/guardian Signature Date

_____ _____

Student/Member Signature Date