

2024-25 Missouri DECA Statement of Assurance



Please Type/Print School _____
Received _____ Advisor _____

I, _____, have properly completed and signed Missouri DECA
Advisor's Name

Comprehensive Consent Form and Student Permission Form file for each student attending Missouri DECA activities. By signing below, I am also indicating that I will have the Missouri DECA Comprehensive Consent Form in my possession for the duration of all DECA Activities, including travel to and from these activities. I also understand the following:

1. Missouri DECA will not collect the Comprehensive Consent and COVID Acknowledgment forms prior to or at Missouri DECA activities.
2. The Missouri DECA Comprehensive Consent Form and COVID Acknowledgment Form, when properly and totally completed, provide the best protection for my student's medical needs and my liability during these activities.
3. Parents have been provided the following statement and signed parental consent forms have been collected and are housed by the local school district.

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 State Statute RSMo 105.1500/ Such information may include name, photographs, school name and Career and Technical Organization involvement on the Missouri DECA website, conference apps, or social media accounts.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated as indicated by my signature appearing below.

Date: _____

Chapter Advisor Signature

School Official Signature

PLEASE RETURN THIS FORM TO THE STATE ADVISOR PRIOR TO ATTENDING YOUR FIRST STATE ACTIVITY.