

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 on file for each student attending the 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 & 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.

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.