

**Nebraska Center for Student Leadership & Expanded Learning and Career & Technical Student Organizations**  
**Medical Release Form**

I, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_,  
 Parent/Guardian Name Address City  
 \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_, born \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
 State Zip Relation Member's Name Month/Date/Year

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while \_\_\_\_\_ (member) is absent from home from \_\_\_\_\_ (beginning date) to \_\_\_\_\_ (ending date).

**Parent/Guardian Contact Information**

	Name	Home Number	Work Number	Mobile Number
<b>Guardian 1:</b>				
<b>Guardian 2:</b>				

**Emergency Contacts** (if a parent/guardian cannot be reached)

	Name	Relationship	First Number	Second Number
<b>Choice 1:</b>				
<b>Choice 2:</b>				

**Medical Provider Information**

	Physician	Dentist
<b>Name:</b>		
<b>Practice Name:</b>		
<b>Address:</b>		
<b>City/State/Zip:</b>		
<b>Work Phone:</b>		
<b>Home Phone:</b>		

Medical insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of insured \_\_\_\_\_

**The following information is needed by any hospital or practitioner not having access to a medical history:**

Allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Medication being taken \_\_\_\_\_

Physical impairments \_\_\_\_\_

Other pertinent facts to which physician should be alerted \_\_\_\_\_

In a medical emergency, I consent to the local/state advisor or appointed agents, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Department of Education, the Nebraska Center for Student Leadership & Expanded Learning or Career & Technical Student Organizations to indemnify members, agents, employees and representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named member and will not hold the Nebraska Department of Education, the Nebraska Center for Student Leadership & Expanded Learning or Career Student Organizations responsible in the event of medical emergency.

\_\_\_\_\_  
 Printed Name (Parent/Guardian)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Nebraska Career & Technical Student Organization**  
**Personal Conduct Agreement and Photo/Video Release**  
**Leadership Conferences and Activities General Behavioral Expectations**

While participating in conferences and activities sponsored or managed by the Nebraska Center for Student Leadership & Expanded Learning, you not only represent your Career & Technical Student Organization (CTSO) but also your school and community. The Nebraska Center for Student Leadership & Expanded Learning has, therefore, established certain behavioral expectations that must be observed by all participants to maintain good standing with the CTSO and participation in these programs.

All participants in an event or activity sponsored by the Nebraska Center for Student Leadership & Expanded Learning are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. In addition, you must abide by the following rules and regulations established by the Nebraska Center for Student Leadership & Expanded Learning:

1. I promise that my attitude, conduct and appearance will be such to reflect credit on my chapter, school, community and State CTSO Association.
2. As a representative of my CTSO, I will be well groomed and dress appropriately. I will not wear distasteful/suggestive clothing or shirts with beer/tobacco advertising on them.
3. I will not be in the hotel/sleeping room of a member of the opposite sex. Failure to abide by this rule will result in immediate dismissal from the conference/activity.
4. I will not have in my possession or use drugs, alcohol or tobacco at any time during the conference/activity.

By Department of Education policy, the Nebraska Center for Student Leadership & Expanded Learning and the Nebraska Department of Education do not assume supervisory responsibility of any students during this activity. Supervision is the sole responsibility of the local school and its appointed representatives.

**The Nebraska Center for Student Leadership & Expanded Learning reserves the right to immediately terminate from the conference/activity, anyone who is found to have violated these behavioral expectations. Students terminated from the conference/activity will be sent home at their own expense and will be responsible for all other expenses associated with their termination. Registration fees will not be reimbursed. My advisor, school administrator, and parent(s)/guardian(s) will be notified.**

**Personal Conduct Agreement**

1. I agree to participate in the Nebraska Center for Student Leadership & Expanded Learning conference/activity according to the guidelines set forth in this Personal Conduct Agreement and other applicable CTSO publications.
2. I understand that the Nebraska Center for Student Leadership & Expanded Learning reserves the right and I agree that the Nebraska Center for Student Leadership & Expanded Learning has the right to immediately terminate my participation at the sole discretion of the Nebraska Center for Student Leadership & Expanded Learning, through its representatives, if I engage in behavior that is unsafe, irresponsible, illegal or otherwise contrary to the Nebraska Center for Student Leadership & Expanded Learning policy as expressed above.
3. I further understand and agree that if my participation is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including travel expenses, and (b) I will not be entitled to any refund or money I have paid to the Nebraska Center for Student Leadership & Expanded Learning for participation fees.
4. I agree to allow the Nebraska Center for Student Leadership & Expanded Learning and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if the Nebraska Center for Student Leadership & Expanded Learning reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable Nebraska Center for Student Leadership & Expanded Learning publications.

By signature below, I acknowledge that I have read this Personal Conduct Agreement understand the behavioral expectations and agree to abide by those behavioral expectation, and agree to each of the above paragraphs.

**Photo/Video Release**

Nebraska Career & Technical Student Organizations and affiliated organizations may on occasion take photographs and /or video of its members or program participants for use in print materials or by electronic methods. Your entry into CTSO facilities, participation in CTSO and affiliated programs or participation in CTSO and affiliated events grants permission for the CTSO, Nebraska Center for Student Leadership & Expanded Learning and affiliated organizations to use these photographs and/or videos in marketing and public relations efforts.

\_\_\_\_\_  
Printed Name (Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If the participant is not 21 years of age, a parent or legal guardian of the participant must sign below.**

In exchange for my child or ward being allowed to participate in the Nebraska Center for Student Leadership & Expanded Learning conference/activity and as the custodial parent(s) or legal guardian(s) of the above mentioned individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement and Photo/Video Release.

\_\_\_\_\_  
Printed Name (Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date