

MEDICAL FORM

District _____

*Medical Form must be completed by all students attending
New York State Family, Career and Community Leaders of America Events*

NAME _____ Date of Birth _____

School _____ Advisor _____

Parent/guardian _____

Address _____

Phone: Home _____ Business _____

Contact (If parent not available) _____ Phone _____

Insurance Co. _____ Policy number _____

Duplicate below or attach copy of both sides of card

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Physician _____ Phone _____

Please completely describe any medical condition which may recur or be a factor in medical treatment.

Allergy _____ Diabetes _____

Asthma _____ Blackouts _____

Medicine Reactions _____ Physical Handicap _____

Heart/lung problem _____ Convulsions _____

Other (be specific) _____

Medication(s): _____
(prescription copy if possible)

In the event of illness or accident, I hereby give permission for _____ 's emergency medical treatment:
(name)

PARENT/GUARDIAN'S SIGNATURE _____ Date _____

**New York State FCCLA
Code of Conduct/Dress Code**

I have read, understand, and agree to abide by and support the code of conduct and dress code.

Student

Date

Parent or Guardian

Telephone Number of Parent/Guardian

Advisor/School Representative

School Name

School Administrator

Administrator Phone Number

_____ District #

NYS FCCLA Websites and Media WAIVER

I agree with the above code of conduct. In addition, I give permission for my son/daughter to be interviewed or photographed by New York State Family, Career and Community Leaders of America (NYS FCCLA) or the media. Interviews, pictures, slides or video images of my son/daughter may be used with students, educators and the public for the purpose of promoting and explaining the activities and goals of NYS FCCLA and to place them on NYS FCCLA's websites: nysfccla.org and alumni.nysfccla.org. These websites have a lock to prevent pictures from being downloaded or edited.

Student's Name: _____

Parent's Name: _____

(Parent / Guardian Signature)

Advisor/Chaperone Signature

Date

NOTE: Please have completed forms scanned and emailed to the State Coordinator for State and National Conferences, Summer Leadership, and Fall Planning Meetings for each student. If you don't have the ability to scan forms and email them, please mail them to Lisa Thomas at least 3 weeks for the first meeting the student is attending.