



2023-2024 South Plantation DECA Power Trip, ELS, States & ICDC Behavior Contract

I/we, (DECA participant and parent/guardian(s)) agree to abide by the following rules while participating in DECA conferences. It is my/our understanding that there are consequences for my actions. Participating in a DECA related field trip is a privilege, not a right.

- 1. I/we will abide by all rules of the School Board of Broward County Code of Conduct. Signing the Code of Conduct in the beginning of the school year is my acknowledgement that I have read and agree to follow all of its contents.
2. I/we have read and agree to abide by all rules of National DECA, Florida DECA and South Plantation DECA, which I have been provided and/or acknowledge their availability to me at www.deca.org and www.fldeca.org
3. I/we understand, that it is a privilege to attend a DECA event and that the privilege may be revoked and I will be taken off the trip if my behavior at school or any other school sanctioned-trip is deemed inappropriate by my teacher(s). This includes being issued detentions or referrals due to behavior.
4. I agree to have NO DRUGS, ALCOHOL, OR WEAPONS at any time during the DECA conference. Any student found with any of these items will be immediately removed from the conference and the student's parent/guardian(s) will be responsible for picking him/her up from Orlando for State competition or for flying the student home from Power Trip/National competition AT THEIR OWN EXPENSE. Any student caught with any of the above items is subject further to being turned over to the police or local authorities.
5. I agree to have NO TOBACCO OR ELECTRONIC BASED TOBACCO PRODUCTS at any time during the conference, even if I am already 18 years old, no exceptions will be made and the same penalties from #4 above shall apply.
6. I will not place myself in situations which could place me in physical jeopardy; this includes any off-limit areas, such as the hotel roof, unauthorized bus and car rides, and other student rooms.
7. I will be in attendance for ALL DECA competition and activities. Failure to attend a scheduled competition or activity will result in a student incurring a financial obligation to South Plantation DECA for the amount the chapter subsidized the student as determined by your Advisor.
8. I agree that ONLY THE REGISTERED STUDENTS are allowed in their room, regardless of circumstance, at any time. This means NO hanging out, even of the same gender, in each other's rooms, unless accompanied by an official chapter chaperone (THIS ALSO INCLUDES THE ROOM OF STUDENTS FROM OTHER CHAPTERS). Students are welcome to hang out throughout the hotel, and teams of groups of opposite sex are welcome to practice in hall ways, OR in the designated chapter suite.
9. I will NOT order room service for any reason or order delivery AFTER curfew.
10. I will adhere to dress code rules outlined by my Advisors and Broward County Public Schools at all times.
11. There is to be NO swimming, period.
12. I will be in proper decorum and attire at all DECA activities. See DECA dress code for any questions.
13. I will adequately prepare and be ON TIME for the competition including Role Play practices and evening events for my competitive event and be present and on time for each and every DECA Power Trip/State/ICDC event. Advisors need to be contacted immediately in case of any issues.
14. I agree to follow the curfews set each night by my DECA advisors. I will be in my room BEFORE set curfew time. I understand I am not permitted to leave my room, open the door, or have anyone come to my room after curfew.
15. I will be professional and respectful to ALL teachers, conference participants, and chaperones at all times.
16. I agree to represent South Plantation High School with pride and do nothing to tarnish its positive reputation.
17. I agree that NO non-registered guests will be permitted for any reason, except for the Grand Awards session on Saturday evening.
18. I agree that conference name badges are required to be worn at all times.
19. I agree that when in a public place, all items consumed or used must be paid for; a student caught shoplifting will be turned over to the local authorities.
20. I agree that I will NOT leave the hotel (except for authorized events) for any reason unless accompanied by a Chaperone.
21. I understand that it is my responsibility to keep my DECA Advisor informed of my whereabouts at all times.
22. I agree that my person, room, luggage, or possessions shall be subject to random searches at anytime and that includes subjecting these items to searches by trained law enforcement officials and/or dogs without probable cause. I/we accept and waive any rights to the contrary by signing this agreement.
23. If student is found breaking any rules you will be removed from the conference and no monies will be refunded. Any violation of the Code of Conduct will have conference consequences, as well as those from SPHS administration upon our return to school.
24. We agree to be financially responsible for any damages, expenses and/or costs associated with any of the above violations, including but not limited to attorneys' fees, costs associated with any incident or damages occasioned by their conduct or disregard of the rules or violations thereof.

I/We agree and acknowledge that these rules and obligations have been discussed, shown and fully communicated with parent(s)/legal guardian(s) and by our signatures herein we fully acknowledge and agree to be responsible for my actions and follow all of the rules set forth above on this trip and fully recognize the consequences if I do not.

Student Name: _____ (Please print)

Parent Name: _____ (Please print)

X _____ Student Signature

_____ Date

X _____ Parent/Guardian Signature

_____ Date

SOUTH PLANTATION HIGH SCHOOL

FIELD TRIP MEDICAL FORM

I. EMERGENCY INFORMATION

Students Name _____ Date of Birth _____

Parent/Guardian Name _____ Home Telephone _____

Home Address (Street/City) _____

Emergency Contact Information:

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Other Emergency Contact Person _____ Phone _____

Student's Physician's Name _____ Phone _____

Does your child take any form of medication or have any allergies, or special health problems? YES _____ NO _____ If the answer is "YES" please explain:

II. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____ (parent/guardian), hereby grant permission for my son/daughter/ward, _____, to participate in a South Plantation High School field trip to _____ (location) with _____ (name of group) on the following dates:

_____.

I also authorize the school to obtain any emergency care that may become reasonably necessary for my child as a result of an accident or sudden illness.

I have accident insurance with _____ (name of company) policy # _____ which will cover my son/daughter in the event of injury. I will assume responsibility for payment of doctor and hospital bills for treatment of any injury/illness my son/daughter might suffer while participating in this field trip.

Date

Parent/Legal Guardian Signature

ANNUAL FIELD TRIP PARENT/LEGAL GUARDIAN AUTHORIZATION FORM

HIGH SCHOOL – MAGNET PROGRAM – CENTER

Student Name: _____ Telephone: _____

1. I authorize my student to utilize the following type(s) of transportation:

School Bus _____ Charter Bus _____ Rental Vehicle _____ Private Vehicle _____ Walk _____

- No motorcycles/scooters/mopeds permitted as transportation.
- Maximum capacity is one (1) person per seat belt.

2. I authorize my student to:

Ride with Staff _____ Ride with Another Student _____

3. I authorize my student to:

Drive Own Car _____ Drive Family Car _____

- Drive car and carry passengers including fellow students _____
- No motorcycles/scooters/mopeds permitted as transportation.
- Maximum capacity is one (1) person per seat belt.

EMERGENCY CONTACT

In case of an emergency, I may be reached at:

Name: _____ Telephone: _____

In the event I cannot be reached, please contact:

Name: _____ Telephone: _____

HEALTH/ACCIDENT INSURANCE

My student is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company: _____

Policy Number: _____ /or I have attached a photocopy of my family insurance identification card.

_____ I do not have insurance; however, I will pay any and all medical bills for emergency care of my student.

ADDITIONAL INFORMATION

Overnight room assignments are separated by biological sex at birth. (If applicable)

YES _____ NO _____

Signature of Parent or Guardian/Date

The School Board of Broward County, Florida

Parental Authorization for Student Participation In: On the Job Training and/or Career and Technical Student Organization (CTSO) Activities and/or Summer Internships

School Name:	Program Name:
Teacher Name:	CTSO Name:
Student Name:	School Year:

Parental Information

Your son/daughter is enrolled in a Career and Technical Education program. Participation in the related career and technical student organization (CTSO) is an integral co-curricular part of the program of study. CTSO activities occur in and out of school and may take place outside of Broward County. The purpose of this parental authorization form is to obtain permission for your child to participate in CTSO activities, On- the-Job Training and/or Summer Internship. The form requires your permission for transportation and medical treatment and participation in activities conducted at sites that are not under school district control or management.

Please be advised that clinical experiences, on the job training, summer internships and some CTSO activities may be conducted at sites that are not under the control or management of the school district. Participating students may encounter persons during the program or at such sites who have not undergone background screening by the school district.

Please read the form carefully. Provide the required information and sign the form in the presence of a State of Florida Notary Public. By signing this form you are giving authorization for your child to travel using the prescribed mode of transportation, for emergency medical treatment in the event you cannot be reached and to participate in programs in activities conducted at sites that are not under school district control or management.

Subsequent to having this form on file, **duly authorized**, you will also be required to sign a school Field Trip Permission Form for each field trip before your son/daughter will be allowed to participate.

Transportation Permission

Please check all modes of transportation your child will be permitted to use.

- | | |
|--|--|
| <input type="checkbox"/> Drive car | <input type="checkbox"/> Ride in a car driven by an adult driver |
| <input type="checkbox"/> Drive car and carry student passengers | <input type="checkbox"/> Ride a bicycle |
| <input type="checkbox"/> Ride in a car driven by another student | <input type="checkbox"/> Ride in a boat/water taxi |
| <input type="checkbox"/> Ride in a chartered bus or other public transportation, including a taxi, bus, and/or airplane. | <input type="checkbox"/> Other (please identify) |

**Parental Authorization for Student Participation
In: On the Job Training and/or
Career and Technical Student Organization (CTSO) Activities
and/or Summer Internships**

Vehicle Insurance Information

(To be completed for students holding a valid driver's license)

Please provide the following information about the status of your child's driver's license and motor vehicle insurance covering the automobile driven by your son/daughter.

_____ My son/daughter holds a valid driver's license and drives a vehicle covered by insurance.

Liability Limits	Each Person	Each Accident
Bodily Injury		
Personal Injury Protection		
Property Damage		

_____ (Name of Insurance Company)

_____ (Policy Number)

Student/Parent Information

Name of Student _____

Home Address _____ \ City \ _____ \ ZIP \ _____

Home Phone _____ Date of Birth _____

Name of Parent/Guardian _____ Relationship _____

Address (if different from above) _____ \ City \ _____ \ ZIP \ _____

Home/Cell Phone _____ Work Phone _____

Name of Alternate or Emergency Contact _____ Relationship _____

Address (if different) _____ \ City \ _____ \ ZIP \ _____

Home/Cell Phone _____ Work Phone _____

Name of Family Physician _____

Street Address _____

City _____ ZIP _____ Phone _____

**Parental Authorization for Student Participation
In: On the Job Training and/or
Career and Technical Student Organization (CTSO) Activities
and/or Summer Internships**

Parental Notarized Authorization

This Parental Authorization for Student Participation in On the Job Training, Summer Internship and/or Career and Technical Student Organization (CTSO) Activities Form will remain in effect for the entire _____ school year. If there are any changes to the information provided herein, I/we will maintain responsibility for issuing the school an updated duly authorized form.

I/we are aware that clinical experiences, on the job training, summer internships and some CTSO activities may be conducted at sites that are not under the control or management of the school district and that participating students may encounter persons during the program or at such sites who have not undergone background screening by the school district.

I/We, the undersigned, grant our son/daughter permission to participate in CTSO co-curricular activities, On-the-Job Training and/or Summer Internship during the school year. I understand that I will be advised in writing by the school, and approve in advance, specific field trips prior to my son's/daughter's participation.

Signature of Parent or Guardian

Print Name

Signature of Parent or Guardian

Print Name

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

**This form is for information purposes only.
It is not a release of liability.**

**Parental Authorization for Student Participation
In: On the Job Training and/or
Career and Technical Student Organization (CTSO) Activities
and/or Summer Internships**

Medical/Accident Insurance Information

I presently have medical insurance coverage on my son/daughter and provide the following information:

Name of Insurance Company:	Policy Number:
Group Number:	Expiration Date:

_____ I do not have medical insurance; however, I will pay any and all medical bills for emergency care for my child.

Medical Condition of Student _____ Excellent _____ Good _____ Fair _____ Poor

If applicable, please describe any medical condition that may recur and require treatment.

Is your son/daughter allergic to any medications? Yes No _____

If yes, please describe: _____

Is your son/daughter on any type of medication for a long-term medical condition? Yes No

If yes, please indicate the name of the medication. _____

Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is on a school sponsored field trip, I will be notified in order to approve medical treatment. In the event that one of the contacts listed herein cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

Signature of Parent/Guardian

Date

COPY OF INSURANCE CARD

FRONT

BACK

--	--

STUDENT NAME _____ (print)

Parent/Guardian Name _____ (print)

DATE _____

*provide updated/most recent copy of medical insurance card