Advisor Sign Off Form - Updated 8.11.2026

Permissions; Code of Conduct; Photo Release

I certify that the following forms have been completed and that I have an original/copy with me for each person attending the Delaware TSA sponsored event.

Date_____Advisor Name_____

School Name_____

- **Parent/Family Permissions & Photo Release _____(Advisor initial)**
- **Code of Conduct (Advisor initial) _____(Advisor initial)**

The parent(s)/guardian(s) of the student(s) listed below do not grant permission to the Delaware Department of Education to use their child's picture for publication:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note: Advisor is to turn in the Advisor Sign Off Form to the registration table upon arrival. Advisor must retain original copies and is responsible to be able to share a copy of all forms except the Advisor Sign Off Form in case of emergency or upon request.*

Family Permission - **Updated 8.22.2025**

Name of Student: _____

Name of Parent/Guardian: _____

Parent Guardian Cell Phone:_____ **Parent Guardian Work Phone:**_____

Signature of Parent/Guardian:_____

Initial your consent by each line below:

_____ has my permission to attend and participate in the **Delaware TSA sponsored event**. I understand the Delaware TSA delegation will be traveling by **bus/student/family car**. My child has been made aware that they are to obey the rules of conduct and dress code for all participants of the Delaware delegation, and of the supervisors assigned to them. I also understand that the school and the State of Delaware assume no responsibility beyond normal chaperoning and advisory activities. If there is some reason my child needs medical attention or for some disciplinary reasons must be sent home, I will be contacted.

_____ I hereby authorize in advance the advisor/TSA representative to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

_____I hereby absolve and release the school officials, the TSA chapter advisors and the assigned TSA state staff from any claims for personal injuries or illness which might be sustained while he/she is en route to, from, or during the TSA sponsored activity.

_____ I hereby grant the Delaware Department of Education permission to use the picture for promotional purposes only.

_____I release and indemnify the Delaware Department of Education from and against any claims or causes of action that I or my child may have against the Department of Education, invasion of my child's right of privacy, or any other manner in any way connected with the use or publication of images taken by the Department of Education.

Medical Data

***Please Print*:** Parents/families are asked to list any allergies or possible illness for which medicine or treatment may be needed during the conference period.

Insurance Name and Policy Number:_____

Allergies: _____

Type of medicine carried (include dosage):_____

Currently being treated for:_____

Name of physician office:_____

Physician's office phone number:_____

Name of emergency contact in case of illness/accident:_____

Emergency contact cell phone in case of illness/accident:_____

Code of Conduct - Updated 8.22.2025

Delaware TSA requires each delegate attending to read, understand and sign the Code of Conduct Practices and Procedures. Return this form to the Chapter TSA advisor prior to attendance at the **Delaware TSA sponsored event.**

- I have read the Delaware TSA Code of Conduct
  https://detsa.org/wp-content/uploads/2026/02/2026-DETSA-Code-of-Conduct-and-Competitive-Integrity-Policy.docx.pdf

STUDENT SIGNATURE

DATE