

In an effort to help you prepare for each conference, all forms are conveniently located within the body of this information packet.

NEW YORK DECA REQUIRED FORMS

ROAD MAP

NAME OF FORM	WHO IS REQUIRED TO SUBMIT	WHERE/WHEN
Code of Conduct A-Z	All Students	Leave on File Home School
Code of Conduct Affidavit	All Advisor/Principals	All Conferences
Health Form	All Students	All Conferences
Advisor/Designee Security Form	All Adults/Chaperones	All Conferences
New York DECA Emergency Information Form	All Advisors/Chaperones	On Site All Conferences
Room Check In Sheet	All Chaperones	At Curfew /Room Check
Hotel Responsibility Form	One Per Chapter	On Site All conferences
Statement of Assurance	One per written event	All pre-conference and on site submitted projects

NEW YORK DECA Health Information Form

Student's Name _____ ----- Date of Birth _____

Parent's/Guardian's Name _____

Home Phone (_) _____ Work Phone (_) _____

Cell Phone (___) _____ Emergency Contact _____

In the event that a parent cannot be reached, please list a name and phone number of another person that can be contacted in an emergency situation:

In the event of a medical emergency, the procedure will be to call the parent or guardian, time permitting, before taking the student to a physician or hospital. However, when neither parent can be reached, this form may permit the hospital to perform treatment.

We/I here by give permission for the New York DECA advisor(s) or designee to transport my/our child to or from a physician or hospital for emergency treatment.

We/I hereby give permission for the DECA advisor(s) or designee to sign any consents which may be necessary to allow hospital personnel and/or a licensed physician to examine my/our child and perform any emergency procedures, treatment or surgery which may be necessary and to consent to the administration of any drugs or medication necessary to such emergency care.

My/our child is allergic to the following drugs and/or medications:(If none, so state)

My/our child is in good physical health and has no ailments or maladies except: (If none, so state)

List any and all medications which must be taken:

We/I hereby agree to hold New York DECA free and harmless from and indemnify New York DECA for any expenses incurred in the rendering of such care and treatment and from any liability, which may arise as the result of such care, and treatment.

Date: _____ / _____ / _____ Health Insurance Policy Name: _____

No unsupervised student delegate of the opposite sex may be in any room with the door closed at any time for any reason. This includes not only hallway doors but connecting room doors. All delegates have the responsibility to inform their advisor, chaperone, registration and security chairpersons if there is a connecting room with members of the opposite sex. This will be strictly enforced. Advisors are responsible to duplicate this form

ADVISOR/AND/ OR/ SCHOOL DESIGNEE SECURITY FORM

I _____ , as a New York DECA advisor, and/or/school supervisor designee hereby agree to uphold and enforce the New York DECA Code of Conduct and the accompanying Advisor /and/or/School Supervisor Designee Pathways of Action for Emergency and Non-Emergency Situations, and all New York DECA rules, policies and procedures at the State Career Conference, As an Advisor, and/or/school supervisor designee I agree to and accept the responsibility of supervising and overseeing the students assigned to me for the duration of the conference. I further agree that I will have each student assigned to me initial and/or sign a curfew compliance form indicating that the student was in his/her room at curfew each night of the conference. I will provide a completed curfew compliance form to New York DECA security by the end of my shift each evening.

I have read and fully understand the aforementioned New York DECA Code of Conduct and Advisor/and/or/School Supervisor Designee Pathways of Action for Emergency and Non-Emergency Situations, and I agree to obey and comply with the guidelines set forth therein, the New York DECA By-Laws and Constitution, and New York DECA policies and procedures in addition to all applicable laws, rules and regulations. My failure to enforce the Code of Conduct, the terms of this Agreement and the documents referred to herein, and/or any New York DECA rule and policy may result in disciplinary action taken against me.

AGREED AND ACCEPTED

Date: _____

Supervisor Signature _____

Principal Signature _____

**NEW YORK DECA
CODE OF CONDUCT AFFIDAVIT**

Conference _____

The signature of both the principal and the advisor on this form indicates that a signed Code of Conduct Form has been completed for each student attending the

_____ Conference. By signing this document the chapter advisor and principal further acknowledges that the DECA member, their parent /and/or/guardian have signed said document. The Code of Conduct is on file at

_____ High School, and can be found in the _____

On school stationery you are to attach a list of all chapter participants who have signed the Code of Conduct .

Principal Signature of

Signature of Advisor

Date

Date

NEW YORK DECA
EMERGENCY INFORMATION FORM

In case of any emergency involving the advisor(s) and chaperone(s) from this chapter, it may be essential to be able to contact a school administrator. With this in mind, please complete the form below in order to provide us contact to an administrator 24 hours per day while the conference is in session. This information shall be held in the strictest of confidence and shall be used ONLY in case of an emergency situation.

In case of an emergency, the following local administrator(s) should be contacted:

Name

Title

School Phone Home Phone

Hours Available

Name

Title

School Phone Home Phone

Hours Available

o Name

Title

School Phone Home Phone

Hours Available

**New York DECA
ROOM DAMAGE CHECKLIST**

(For check-in and check-out)

Room Number _____ **Hotel** _____

Chapter _____

Advisor's Signature _____

It is our suggestion that you check each room carefully before students enter for the first time and after students leave the room for the last time. Please remind students that rooms that have clothing on the floor cannot be cleaned. All towels should be put in the bathroom or you will not get clean towels. This report is due by 10 AM on Wednesday for chapters that arrive on Tuesday and by 10PM on Wednesday for chapters that arrive Wednesday. If we do not receive a form you will not have protection against damage claimed by the hotel.

Broken Box Spring/Bent Frame	Damage	None
Broken Headboard Ripped fabric on bed	Damage	None
Broken lamps/ lampshades	Damage	None
Wall Damage (i.e. Holes)	Damage	None
Spills/Graffiti on Walls	Damage	None
Spills on Carpet	Damage	None
Spills on Bedspreads	Damage	None
Ground in food on rugs and floors	Damage	None
Garbage not in plastic bag	Damage	None
Damage to furniture	Damage	None
Damage to towel racks in bathroom	Damage	None
Damage to commode	Damage	None
Damage to tub	Damage	None
Air Conditioner/Heater Cover & knobs	Damage	None
Damage to draperies	Damage	None