



STUDENT ATTENDANCE PERMISSION FORM

ATTENDANCE

This is to certify that _____ has my permission to attend the above named Texas TSA activity. I also do hereby on behalf of my student absolve and release the school officials, the Texas TSA chapter advisors and the assigned chartered association Texas TSA staff from any claims for personal injuries or illness which might be sustained while the student is en route to and from or during the Texas TSA sponsored activity.

PHOTO RELEASE

I hereby grant permission to Texas TSA to use photographs and/or video taken in publications, news releases, on-line, and in any other communications related to the mission of Texas TSA.

EMERGENCY

Any medical exceptions to this code must be documented in the conference headquarters prior to the beginning of the conference. This is the responsibility of the local advisor.

I authorize the advisor 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. Some nearby facilities include:

Walk-In Clinics

Metroplex Medical Centre

201 Commerce St
Fort Worth, TX 76102
(682) 610-7900

Drug Store

CVS

515 Houston St
Fort Worth, TX 76102
(817) 820-0488

Hospital

Texas Health Harris Methodist
Hospital
1301 Pennsylvania Avenue
Forth Worth, TX 76104
(817) 250-2000

We have read and agree to abide by the Code of Conduct, Dress Code and COVID Liability Notice. We also agree that the school officials, the Texas TSA chapter advisors, State Contest Director and/or State Advisor, have the right to send the student home from the activity at our expense, provided that the student has violated the Code of Conduct and/or their conduct has become a detriment.

Student Signature

Parent/Guardian Signature

Phone

Chapter Advisor Signature

School Official Signature

Insurance Company

Policy Number