

NH CTSO Guidelines for State and National Conferences

Preamble

NH CTSO and National CTSO Conferences are planned and designed to be educational activities. These are the most significant meetings on their respective level each year and provide an opportunity for members from around the state and nation to meet, exchange ideas, customs, and life experiences. School boards, school administrators, business and industry and parents support these organizations and their activities as an investment in our youth.

CTSO participation should be an enjoyable learning experience with every attention paid to safety and comfort. All participants are expected to conduct themselves in a manner best representing their local chapters and schools. Attendance is not mandatory. By voluntarily participating you agree to follow the official conference rules set forth by respective CTSO (DECA, FBLA, FCCLA, FFA, HOSA, SkillsUSA-VICA and TSA). Signing this set of guidelines is reaffirming dedication to be the best possible representative at state and national conferences. Violations will be brought to the attention of the State Advisor for the respective CTSO, Member & Advisor/Chaperone School Career and Technical Director, TEC-NH Board and the NH Department of Education – Bureau of Career Development.

NH CTSO GUIDELINES

1. All members, when not required to be in official dress, may wear neat casual dress. No tee shirts or other clothing with logos or names representing tobacco, alcohol or illegal substances, or other inappropriate slogans shall be worn by members or advisors/chaperones at any time during their travel to, during the conference or upon return.
2. Members, advisors and chaperones shall attend general sessions, activities and opening and closing sessions to the best degree possible.
3. Members, advisors and chaperones shall follow the Code of Ethics for their respective CTSO and adhere to the proper **dress code** as stated in the **official manual**.
4. Members, advisors and chaperones will assist the state advisor when requested (during events, problems with members, etc) to provide assistance and adequate supervision at all times.
5. Members, advisors, chaperones and other guests shall respect all public and private property.
6. Members shall respect and comply with requests of advisors and chaperones representing NH regardless of their school affiliation.
7. Members will follow the rules established concerning visiting individuals of the opposite gender.
8. Members shall refrain from the use of tobacco, alcohol, or illegal substance.
9. Members will keep their advisor up-to-date on their whereabouts and advisor will keep an agenda in order to reach a member during the conference.
10. Advisors will conduct daily meetings with members to inform them of time schedules, progress reports, and other activities.
11. Advisors will be responsible for performing room checks and nightly curfew checks. Advisors in attendance from the State will agree upon a common curfew to be the same for all members.
12. Advisors are employees of the school in which the chapter is located and members attend.

I have read, understand and agree to the above guidelines and will abide by them while traveling to and from and while attending my CTSO convention.

Signature of Member

Date

Signature of Parent/Guardian

Date

Signature of Advisor

Date

**EXETER COOPERATIVE SCHOOL DISTRICT FIELD TRIP
SEACOAST SCHOOL OF TECHNOLOGY
WAIVER OF LIABILITY FORM**

Student's Name _____ Teacher _____

Date of Trip _____ Destination _____

Parent/Guardian _____ Home Phone # _____

Work Phone # _____

Cell Phone # _____

2nd Emergency Contact _____ Phone # _____

Student's Insurance Carrier _____ Policy # _____

Physician's Name _____ Phone # _____

Please list any known medical problems/allergies _____

Will your child need any medication on this trip? YES _____ NO _____

If yes, please complete the ORAL MEDICATION AUTHORIZATION on the back of this form.

NOTE: Oral medication includes aspirin and other non-prescription medications.

I hereby give my permission for my child, _____ to participate in this field trip. I agree to provide my own health/accident insurance, in the event that my child sustains an injury while participating in the field trip, and further understand that the Exeter Cooperative School District does not provide medical insurance for this purpose.

In the case of an accident or serious illness to my child which, in the judgment of responsible school officials, requires immediate action, I request and hereby authorize school employees to administer such medical assistance or to transport my child to a physician or hospital, as they deem appropriate to the situation. I also authorize any physician or hospital employee to administer such medical treatment for my child, as they deem necessary and appropriate to the situation. I will not hold any school employee, physician or hospital employee responsible for acting in accordance with this authorization. I expect to be informed of my child's condition and of the treatment as soon as possible.

Parent/Guardian Signature

Date

SCHOOL ADMINISTRATION UNIT 16
SEACOAST SCHOOL OF TECHNOLOGY
ORAL MEDICATION AUTHORIZATION AND HOLD HARMLESS AGREEMENT

My Child _____, is required by
Doctor _____, the prescribing physician, to take during
the school day, the following medicine:

Name of medicine: _____

Dosage: _____

Dates and times to be taken: _____

Method of taking medicine: _____

Reason: _____

Pharmacy (if applicable): _____

Prescription Number (if applicable): _____

Prescription medicines must be accompanied by a written order from the prescribing doctor OR the prescription label. The medicine will be delivered to the school nurse in a pharmacy labeled container listing the student's name, the physician's name, the name of the medicine and the instructions.

Over-the-counter medication may be given, if needed, with the written request of the parent/guardian. The medication must be supplied in its original container.

We, the parents, authorize the school nurse or any other member of the school staff so designated by the building principal to assist* our child in taking the above medication. Any pupil in grades one through eight must be assisted by such persons, and the medication, therefore, shall be in the custody of such persons.

I, the parent or guardian, agree by signing the request and "Hold Harmless" statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medicine.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SCHOOL: _____

*Assist means having the required medication available to the child as needed and observing the student as he or she takes or does not take his or her medication.