NEBRASKA FCCLA AUTHORIZATION FORM
FOR
INDEPENDENT DELEGATES

This form is to be completed by any delegates attending a regional/national function without a local advisor who is directly responsible for the delegate's supervision.

Delegate:_____

Meeting:_____

Location/Date of Meeting:_____

Adult Assuming Responsibility for Delegate:_____

Address:_____

Phone:_____

Policy: Advisors are reminded that the National Association of Secondary School Principals requires adult chaperonage for high school students attending NASSP-sponsored conferences; the Nebraska Career Student Organizations endorse this policy.

In the absence of the local chapter advisor, we understand that the above-named adult will assume responsibility for the delegate while participating in the designated meeting. We agree to release the Nebraska Association of FCCLA, its individual members, representatives, agents, and employees form liability for any injury to the above-named person resulting from any cause whatsoever at any time while attending the designated meeting. Other appropriate forms (medical release, etc.) submitted with this form include:

a._____ c._____

b._____ d._____

****Original signatures from each of the following individuals is required****

_____ _____
Adult Assuming Responsibility for Delegate Date

_____ _____
School Official of Adult Assuming Responsibility Date

_____ _____
Student Date

_____ _____
Parent/Guardian Date

_____ _____
Local Advisor Date

_____ _____
Local School Official Date