



Delaware HOSA – Future Health Professionals
Rare Disease Day Conference
February 2020
Al duPont Hospital for Children

PARENT OR GUARDIAN PERMISSION

_____ has my permission to attend and participate in the 2020 Rare Disease Day Conference. I understand the Delaware delegation will be traveling by bus / car. My child has been made aware that they are to obey the rules of the Delaware HOSA delegation and of the supervisors assigned to them. If there is some reason my child needs medical attention or for some disciplinary reasons must be sent home, I will be contacted.

Signature of Parent or Guardian Date

Phone number

Please check one:

I hereby GRANT PERMISSION to the Delaware Department of Education, Nemours, and school to use my child's picture for publication. I release and indemnify the Delaware Department of Education, Nemours, or school from and against any claims or causes of action that I or my child may have against the Department of Education, Nemours, or school or invasion of my child's right of privacy, or any other manner in any way connected with the use or publication of the photographs related to Rare Disease Day.

I DO NOT wish to grant permission to the Delaware Department of Education, Nemours, or school to use my child's picture for publication.

Parent/Guardian's signature

Date

Parent/Guardian's printed name

Relationship to student

Signature of student

Date

Student's printed name