



**Permission to Attend BPA National Leadership Conference
May 10-14, 2024**

Dear Parents:

Congratulations! Your son/daughter has qualified to attend the Business Professionals of America National Leadership Conference in Chicago, IL on May 10-14, 2024. In order for the trip to be a success, there are some guidelines for participation that your child must follow (listed below). By signing this statement, you and your child agree to follow these guidelines.

By signing below, you and your son/daughter agree to the following:

- All school rules and conference rules apply at this event. Disregard for these rules will result in a telephone call home to make arrangements to send your son/daughter home at your expense. There will be zero tolerance for misbehavior on this trip.
- As a safety precaution, your son's/daughter's belongings will be subject to search prior to leaving for this event. In general, if it is not allowed at school, it will not be allowed on the trip.
- We will be taking a charter bus to Chicago. Please pack smart since space is limited on the bus. Also, please make sure you have address labels on all the bags in case they get lost!
- All required prescription medications MUST be arranged for in advance through the school nurse. ALL MEDICATION WILL BE HELD AND ADMINISTERED BY A TEACHER.
- If your son/daughter fails to attend the BPA National Leadership Conference, you and your son/daughter will need to reimburse Butler Tech for their registration fee and room cost since these amounts will be non-refundable to Butler Tech.
- All of the travel, hotel, and food expenses are being paid for by Butler Tech. Students will be responsible for paying for extra, fun activities (tours, museums, etc.) which is completely optional. Your son/daughter should plan on bringing some spending money to cover miscellaneous expenses, snacks, souvenirs. An approximate amount to consider bringing is \$100 (optional).

If you have any questions about this trip, please email me: clarkpv@butlertech.org. You may also text (preferred) or call my cell: (513) 410-2080. You can contact me during the trip on my cell between 6am-11pm CDT. If it's an emergency, you can also call the hotel: Chicago Hilton (312) 922-4400.

By signing below, I agree that I have read and understand the statements above; I have also reviewed the information in the "NLC 2024 Preliminary Info Packet" that was provided separately.

Parent/Guardian Signature

Date

Student Signature

Date

Parent / Legal Guardian Consent Form

I am the parent/legal guardian of _____ (please print) (the “Certiport Candidate”) and I understand that my permission and authorization is required for the collection, use, and disclosure of the Certiport Candidate’s personal information by Certiport, a business of NCS Pearson, Inc. (“Certiport”). I further understand that the Certiport Candidate will not be permitted to register for or take a Certiport exam unless I provide my permission by signing this form.

I understand and acknowledge that all individuals, including the Certiport Candidate, planning to take a Certiport exam are required to:

- A) Provide to Certiport, personal information, such as his or her, first and last name, street address, e-mail address, and demographic information (“Candidate Information”); and
- B) Agree to all of the terms and conditions contained on the Certiport website at www.certiport.com and in Certiport’s test registration and delivery system and that these terms and conditions are legally binding.

In my capacity as the parent/legal guardian of the Certiport Candidate, I hereby understand, agree, authorize, and provide my consent, as the case may be:

- 1) To allow the Certiport Candidate to take or retake any Certiport exam(s); and
- 2) That I have had an opportunity to review the Certiport terms and conditions and privacy policy available at www.certiport.com , including, but not limited to, those provisions relating to testing; privacy policies; and the collection, processing, use and transmission to the United States of the Certiport Candidate’s personally identifiable information and that I and the Certiport Candidate understand and agree to abide by these terms and conditions and policies; and
- 3) To Certiport for the retention and disclosure of any of the Candidate’s personal information to the Certiport exam sponsor(s), its authorized third parties and service providers, and others as may be necessary to prevent unlawful activities or as required by law; and
- 4) That the Certiport Candidate and I will comply with any of the Certiport testing rules and procedures.
- 5) To allow Certiport to disclose to Business Professionals of America (BPA) the Candidate’s Name, City, State, and score should my Certiport Candidate be one of the top fifteen winners in MOS Word, PowerPoint and Excel at the BPA National Leadership Conference.

I, the undersigned, certify that I am the parent or legal guardian of the child/legal ward (named above) and that I have the right to make decisions for my child/legal ward that effect his/her wellbeing.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Emergency Medical Authorization Form

PART I. The purpose of this form is to authorize the provision of emergency treatment for chapter members in the unlikely event that they become ill or injured while traveling with their advisor. It is imperative the following information be furnished so that the member will be cared for properly. The authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please print neatly and use black ink.

I, _____ of _____
Member member name Street, City, State, ZIP Code

hereby give my consent for (1) the administration of any emergency treatment deemed necessary by a licensed physician or dentist, (2) the transfer to any hospital reasonable accessible, and (3) consent to release the medical information provided.

Member signature

Date (month/day/year)

Parent or guardian signature (if member is under age 18)

Date (month/day/year)

Parent or guardian name (printed)

Parent or guardian phone (including area code)

Alternate contact name

Alternate contact phone (including area code)

The information below is needed by any hospital or practitioner not having access to the member's medical history. **If any item is marked "Yes", please explain in the right-hand column.** If taking medication, include the name, dosage amount, and the time it is taken.

Allergies		
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (insects, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health problems or physical disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emotional or psychological problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eyeglasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Contact lenses: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing devices: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Required immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus booster:		

Refusal of Consent

NOTE: Do not complete this form if you completed Part I.

PART II. *Please print neatly and use black ink.* I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish the authorities to take no action or to:

Member name (printed)

Street, City, State, ZIP Code

Member signature

Date (month/day/year)

Parent or guardian signature (if member is under age 18)

Date (month/day/year)

Parent or guardian name (printed)

Parent or guardian phone (including area code)