



# ATTENDANCE PERMISSION FORM

## ATTENDANCE

This is to certify that \_\_\_\_\_ has my permission to attend the 2026 DECA International Career Development Conference in Atlanta, Georgia. I also do hereby on behalf of him/her absolve and release the school officials, the DECA chapter advisors and the assigned chartered association DECA staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

## 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:

### LOCAL HOSPITALS

**Grady Memorial Hospital**

80 Jesse Hill Jr Dr SE  
Atlanta, GA 30303  
Main: (404) 616-100

**Piedmont Hospital**

1968 Peachtree Road NW  
Atlanta, GA 30309  
Main: (404) 605-5000

**Emory University Hospital****Midtown**

550 Peachtree Street NE  
Atlanta, GA 30308  
Main: (404) 686-4411

### PHARMACIES

**CVS**

235 Peachtree St  
Atlanta, GA, 30303  
(404) 577-4054

**CVS**

133 Peachtree St North (GA  
Pacific Bldg), Suite 305  
Atlanta, GA 30303  
(404) 522-6330

We have read and agree to abide by the delegate conduct practices and procedures and dress code. We also agree that the school officials, the DECA chapter advisors, the chartered association, DECA staff, or the Conference Conduct Committee members have the right to send the student home from the activity at our expense, provided that he/she has violated the delegate conduct practices and procedures and/or his/her conduct has become a detriment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy Number