

Missouri DECA Statement of Assurance



Please Type/Print

School _____

Received _____

Advisor _____

I, _____, have properly completed and signed Missouri DECA
Advisor's Name
Comprehensive Consent Form on file for each student attending the Missouri
DECA activities. By signing below, I am also indicating that I will have the
Missouri DECA Comprehensive Consent Form in my possession for the duration
of all DECA activities, including travel to and from these activities. I also
understand the following:

1. Missouri DECA will not collect the Comprehensive Consent Form prior to or at Missouri DECA activities.
2. The Missouri DECA Comprehensive Consent Form, when properly and totally completed, provides the best protection for my student's medical needs and my liability during these activities.

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated as indicated by my signature appearing below.

Date

Chapter Advisor Signature

School Official Signature

PLEASE RETURN THIS FORM TO THE STATE ADVISOR PRIOR TO ATTENDING YOUR FIRST STATE ACTIVITY.