



Georgia Career and Technical Instruction (CTI)  
Personal Liability / Medical Release / Photograph Release

**All students who attend Georgia CTI events are required to complete this form.**  
**Parents and adult leaders: Please make a copy of this completed form for your records.**

Student Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Home Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

CTI CTSO Adviser: \_\_\_\_\_

**MEDICAL INFORMATION**

1. Allergies (drug or otherwise)

\_\_\_\_\_

2. Current medication:

\_\_\_\_\_

3. Describe any history of heart condition, diabetes, asthma, epilepsy, or rheumatic fever, etc.

\_\_\_\_\_  
\_\_\_\_\_

4. Physician's name: \_\_\_\_\_ Physician's telephone: \_\_\_\_\_

5. Insurance Company: \_\_\_\_\_ Plan Number: \_\_\_\_\_

6. Group Number: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

7. Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- ❖ "I hereby agree to release the CTI, its representatives, agents, servants and employees from liability for any injury to above named person at any time while attending the CTI Activity, including travel to and from the conference, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees."
- ❖ "I do voluntarily authorize the CTI Advisers, Executive Director, assistants and/or designees to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."
- ❖ "I agree to indemnify and hold harmless the CTI Advisers and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above-named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards."
- ❖ "I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above-named person (child or student) while attending the CTI Activity, including time traveling to and from the conference."
- ❖ "I permit CTI to use video footage and photographs of my child for publicity that might include but is not limited to: website, social media, PowerPoint presentations, promotional videos, flyers or news publications."

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## CODE OF CONDUCT FOR GEORGIA CAREER & TECHNICAL INSTRUCTION (CTI) STUDENT ATTENDEES

Behavior Standards for CTI students applies to all state CTI activities. Students are expected to adhere to these standards. Parents/guardians are to discuss these standards with their students and sign the form. All adult leaders attending with students will review these standards verbally prior to each event. If the infraction in question is illegal in the state of Georgia, law enforcement will be notified. If the students are found in violation of any of the follow standards, they may be dismissed from CTI activities for up to one year, disqualified from competition, and be sent home at the parent's expense. Consequences for Code of Conduct violations will be determined by a review process including the Executive Director, DOE Representative, CTI Executive Board Member, two CTI Board of Director members, and two CTI State Leadership team members.

- Possession or use of:
  - A weapon. A weapon is defined as any item used or in possession with the intention to hurt another person. Items for competition project that could be identified as a weapon should remain with an adult when not competing.
  - Alcoholic beverages
  - Drugs (narcotics) at any time, under any circumstance.
  - Tobacco, e-cigarettes or other vaping devices at any time, under any circumstance.
  - Fireworks.
- Assault or harassment. This includes fighting and verbal or physical harassment.
- Theft, misuse, or defacing of public or private property. Damages to property, lodging, or buildings will be paid for by the individual/school responsible prior to leaving. If the damage is not found until after the event, the school will be notified and billed.
- Unexcused absences from the activities or premise of an event. Students will inform their adult leaders of their whereabouts at all times. No student shall leave the meeting location unless their local adult leader or the executive director has given permission. Students will be on time and participate in all activities on the schedule.
- Breaking curfew or disturbing the peace. Students must stay in their assigned rooms and be quiet after curfew. No switching rooms. Do not cross the threshold into a room which you are not assigned by your adult leader.
- Distribution, misuse, or abuse of over-the-counter, homeopathic (including supplements and vitamins), or prescription medications.
- Inappropriate use of social media, internet or other electronic media. This includes posting or sharing pictures or information that do not look favorably on others, school or Georgia CTI, visiting websites with material not age appropriate, or any other rules for school activities.
- Any illegal activities under Georgia law.

Violation of the following behavior standards will result in a warning from any adult leader participating in the event. If the behavior continues, the student may be dismissed, disqualified or sent home at the parent/guardian's expense.

- Wearing ear buds, head phones, Beats, or anything similar while education is occurring. This includes speakers, workshops, and general sessions.
- Being tardy or unprepared for activities. To demonstrate punctuality that is needed for a job, students should arrive 15 minutes early to general sessions.
- Nametag not being worn properly with name, school, and advisor being visible.
- Being disrespectful to other students or not adhering to directions of adults present at the activity. This includes being responsive to reasonable requests from all adults and respectful of the need for their personal safety and the safety of others.
- Use of foul or offensive language. This includes wearing clothing that is not appropriate for school.

**Parent/Guardian and Student Agreement: I have read, understand, and will adhere to the Code of Conduct for Georgia CTI participants. My signature below acknowledges my acceptance of the Code of Conduct.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## GEORGIA CTI MEDICINE FORM

**Medications must accompany this form in original bottles with student name.**

Name of Student: \_\_\_\_\_

Activity where medication may be administered: \_\_\_\_\_ Date(s) of event: \_\_\_\_\_

**Please list any medication(s) your child will be taking while at the above event. (Attach additional page if necessary.)**

Name of Medication #1: \_\_\_\_\_

Illness/condition medication is being taken for: \_\_\_\_\_

Describe what the medication looks like: \_\_\_\_\_

Describe dosage amount(s), time(s), and date(s) with any special instructions: \_\_\_\_\_

My child will be taking the above noted prescriptions or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the student's name.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by administering leader

| Date | Time | Adult Initials | Student Initials | Notes |
|------|------|----------------|------------------|-------|
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |

Name of Medication #2: \_\_\_\_\_

Illness/condition medication is being taken for: \_\_\_\_\_

Describe what the medication looks like: \_\_\_\_\_

Describe dosage amount(s), time(s), and date(s) with any special instructions: \_\_\_\_\_

My child will be taking the above noted prescriptions or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the student's name.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by administering leader

| Date | Time | Adult Initials | Student Initials | Notes |
|------|------|----------------|------------------|-------|
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |

Name of Medication #3: \_\_\_\_\_

Illness/condition medication is being taken for: \_\_\_\_\_

Describe what the medication looks like: \_\_\_\_\_

Describe dosage amount(s), time(s), and date(s) with any special instructions: \_\_\_\_\_

My child will be taking the above noted prescriptions or over-the-counter medication that I am providing while they are involved in the above activity. I understand that any medications brought to a program must be in its original container, unexpired, and clearly labeled with the student's name.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by administering leader

| Date | Time | Adult Initials | Student Initials | Notes |
|------|------|----------------|------------------|-------|
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |
|      |      |                |                  |       |



## SPECIAL CONSIDERATIONS FORM

*Please indicate below if a student will need special considerations at any time during the Georgia CTI event.  
(Example: An enlarged print test for visually impaired student, interpreter, wheelchair access, dietary needs, etc.)*

**SCHOOL:** \_\_\_\_\_

**ADVISER:** \_\_\_\_\_

- ☐ **Please check this box if there is a consideration that applies to all registered students for the event and list the consideration here:**

\_\_\_\_\_

| Student Name: | Consideration: |
|---------------|----------------|
| 1.            |                |
| 2.            |                |
| 3.            |                |
| 4.            |                |
| 5.            |                |
| 6.            |                |
| 7.            |                |
| 8.            |                |
| 9.            |                |
| 10.           |                |