

CODE OF CONDUCT
SEVEN LAKES HIGH SCHOOL
FUTURE BUSINESS LEADERS OF AMERICA CHAPTER

2023-2024

FBLA-PBL members have an excellent reputation. Your conduct at every FBLA function should make a positive contribution to extending that reputation. Listed here are rules of conduct for overnight FBLA competitions. All delegates will be expected to:

1. Behave in a courteous and respectful manner; refrain from language and actions that might bring discredit upon themselves, our school, other delegates, advisers, or upon FBLA.
2. Obey all local, state, and federal laws.
3. Avoid conduct not conducive to an educational conference. Such conduct includes, but is not limited to, actions disrupting the businesslike atmosphere, association with non-conference individuals, or activities that endanger self or others (running in the General Sessions, standing on chairs, using laser pointers during workshops, bodysurfing at dances, etc.).
4. Act as professional guests in all conference facilities. Participants must obey the rules of these facilities. The facilities have the right to ask a member or members to leave. Do not throw anything out of windows or over balconies. Do not run down hallways. Noise should be kept at a reasonable volume, especially in the hotels. Remember there are other guests in the hotels that have rights as well. Trash (this includes pizza boxes, bottles, cans, etc.) must be placed in the proper receptacles and not left on guest or meeting room floors. Individuals responsible for damages to any property or furnishings will be responsible for repairs or replacement.
5. Observe the curfews as listed in the conference program. Local and state advisers, as well as security personnel, will enforce curfews. Curfew is defined as being in your own assigned room by the designated hour. Students will not be outside of their rooms after curfew unless accompanied by an adviser/chaperone. Students will be given an adviser/chaperone's telephone number to call in case of emergency. Once students are in their rooms at curfew, students may not leave their room until 7:00 am unless an adviser/chaperone gives them permission to leave earlier. There will be no boys in girls' rooms or girls in boys' rooms for any reason, unless in the presence of an adviser/chaperone. **Any student violating this rule or local, state, or federal laws will be sent home and may be disqualified.**
6. Report accidents, injuries, and illnesses to your adviser/chaperone immediately.
7. Turn in all medications previous to the trip. No medications will be carried by students unless approved, according to KISD Student Code of Conduct. You must also complete a "*Student Medication Administration during Off Campus Activities*" form to be kept on file with your adviser/chaperone.
8. Keep your adviser/chaperone informed of your activities and whereabouts at all times. Students may not leave the hotel without an adviser/chaperone's permission. Students are not to leave an assigned area for any reason or get into any vehicle other than school designated transportation.
9. Keep up with their items. Seven Lakes High School and the employees of Katy ISD are not responsible for any lost or stolen items.
10. Follow all policies set forth in the SLHS Handbook and follow common sense and good judgment guidelines. The possession or use (including the transmittal, sale, or attempted sale) of any tobacco product, alcohol product, drugs, chemicals, inhalants or any other intoxicants or mood-altering drugs is prohibited. Students shall not be in the possession of any weapon. **A student may be sent home for failure to use good judgment.**

Consequences:

Participants who disregard or violate this code will be subject to disciplinary action, including, but not limited to disciplinary action at school, forfeiture of privileges to attend further events, confinement to your hotel room, dismissal from the conference, and being sent home at your own expense. Parents and/or guardians will be notified and FBLA reserves the right to notify law enforcement. Any student who excessively violates any trip guidelines will be sent home and may result in permanent removal from the SLHS FBLA Chapter. If a student must be sent home for any reason, the parent/guardian of the student agrees to pay the full cost of the student's return trip to Katy, Texas. The parent/guardian of a student in violation of trip rules will provide appropriate information (credit card number, etc.) to school district personnel in order that appropriate return transportation may be purchased.

I, _____ (**PRINT**), parent/guardian of _____
give permission for my child to attend the overnight trip with the SLHS Future Business Leaders of America Chapter. I also verify that my contact information, medical, and insurance information on the forms is accurate.

Parent/Guardian's Signature _____

I, _____ (**PRINT**), the student agree to abide by the Code of Conduct and Dress Code.

Student's Signature _____

SEVEN LAKES FBLA: 2023-2024

Katy Independent School District

Parent/Guardian Authorization for Regular Extracurricular Travel And Consent to Emergency Treatment of Student

Student's Last Name	First Name	Middle Name	Grade Level
Extracurricular Activity			School Year

As the parent/guardian of the above-named student (or adult student), I grant permission for my child (or me) to travel and participate in all regularly/routinely scheduled activities of the designated extracurricular group for the current school year. I understand that all students are required to ride to and from all school-sponsored activities in District-provided transportation according to Board Policy FMG. An exception may be granted for a student to be released to the custody of his/her parent at the completion of the activity if a written request is received and approved prior to the trip. It is understood that a separate permission slip will need to be completed for any additional activities requiring travel in order for my child to participate.

It is understood that neither the Katy Independent School District, nor any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to the above-named student as a result of any aspect of his/her participation on these trips.

I acknowledge that in case of an emergency, illness, or accident for which a parent cannot be reached, an attempt will be made to reach one of the emergency contact people listed below. However, if no one can be reached, I authorize the school officials to take whatever action is deemed necessary in their judgment, for the health of my child. I will be responsible for any cost in the event my child must be transported by ambulance and receive medical care.

As the parent(s)/guardian(s) of the above-named student, a minor, I/we do hereby authorize a Katy Independent School District staff member(s), to act as my/our agent(s), to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. Parents/guardians will be notified by the district, by the contact information below, of any treatment rendered to the student.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon, in the exercise of his/her best judgment, may deem advisable, prior to any treatment being rendered.

I/We hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to the agent(s) upon completion of treatment.

It is understood that I/we must assume legal responsibility for any expenses incurred for medical treatment which may not be covered by my/our personal insurance, Medicaid, or Medicare.

Name of Father/Guardian: (Last) (First) (Middle)		
Father's Home Phone	Father's Work Phone	Father's Cell Phone
Name of Mother/Guardian: (Last) (First) (Middle)		
Mother's Home Phone	Mother's Work Phone	Mother's Cell Phone

Insurance Information

Name of Insured Policyholder: Last First Middle	
Insurance Company	
Policy Number	Group Number
Type of Insurance Plan <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____	

Medical Information

Please note: My child has the following allergies/medical conditions and/or is currently taking the following medications:

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Signature of Parent/Guardian:	Date
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*Turn in Form to Room 2518 Before/After School
Final Due Date: October 10, 2023*

Revised: 07-13-2016
Special Services Department