

**FCCLA MEMBER CODE OF CONDUCT**  
**(to be kept on file by the chapter adviser)**

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1. Behavior at all times should reflect a positive, professional image of you, your school, the state of Montana and the FCCLA organization. Students are representatives of their school district. As such, they must comply with the Board of Trustees policies regarding student conduct.
2. Students will follow the approved Montana FCCLA Dress Code available on the Montana FCCLA website. Only students appropriately dressed will be allowed to participate. Students will wear their identification badge at all times.
3. Students shall attend, be on time and act in a professional manner at all general sessions, workshops and related activities in conjunction with the event for which they are registered.
4. Any accidents, injuries or illnesses should be reported to the adult chaperone/adviser and state director immediately. A copy of this signed Code of Conduct and a medical release form will be retained by the school and one will be brought to the conference by the adviser/school representative.
5. All students will observe the curfew issued and be quiet in their assigned rooms. Unnecessary noise at any hour shall be avoided in respect to other guests. Hotel regulations must be observed; this includes pool conduct, hours, etc.
6. Students will keep their adviser/adult chaperones informed of their activities and whereabouts at all times. The student shall spend the night or nights at the assigned hotel in his/her assigned room. Delegates are to remain on the conference premises unless permission to leave has been granted by the local adviser/adult chaperone, and the student is in the company of an adult upon departure.
7. Students must refrain from the use or possession of illegal drugs, tobacco or alcohol in any form. Possession is defined as having in one's belongings such as a purse or luggage, in one's hotel/motel room, or having knowledge that illegal drugs, tobacco or alcohol are in one's hotel/motel room or in another person's possession at any time during the FCCLA activity.
8. Students are not allowed in the sleeping rooms of the opposite gender, except when an adviser/adult chaperone is present.
9. Students shall not deface property, litter the premises, and/or put at risk the health and well-being of self or others. Any damages to property, furnishings or buildings shall be paid for by the individual or individuals responsible.
10. The enforcement of the Code of Conduct is the responsibility of the adviser/school representative. The adviser/school representative will call the school administrator for direction. For violation of any of the above, parents will be contacted and students will be sent home at their own expense.
11. The adviser/school representative will submit this Code of Conduct to the school administration and/or Board of Trustees.
12. Any action detrimental to FCCLA image will not be tolerated and may result in disciplinary action up to and including dismissal from the organization.

I have read, understand and agree to abide by and support the above regulations.

Please note: Students, their work and activities will be photographed and videoed during this conference. These photographs and videos may be published on our website and in our publications and may be distributed to each participating school.

If you have reasons for your student not to be photographed, please send a written request stating those reasons to [director@mtfccla.org](mailto:director@mtfccla.org)

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Telephone Number of Parent/Guardian

\_\_\_\_\_  
Adviser/School Representative

\_\_\_\_\_  
School Name and District Number

\_\_\_\_\_  
School Administrator

\_\_\_\_\_  
Administrator Phone Number

# Montana FCCLA Event Attendee Form

**Attendance:**

This is to certify that \_\_\_\_\_ has my permission to attend events hosted by the FCCLA Chapter and/or Montana Family, Career and Community Leaders of America. I also do hereby on behalf of him/her absolve and release school officials, FCCLA chapter adviser and FCCLA state staff from any claims for personal injuries or illnesses which might be sustained while he/she is travel to and from the event.

**Code of Conduct:**

We have read and agree to abide by the Code of Conduct in its entirety. We agree that the school officials, FCCLA chapter adviser, Montana FCCLA staff have the right to send \_\_\_\_\_ home from the activity at our expense provided that he/she has violated the Code of Conduct and/or his/her conduct has become a detriment to the conference experience.

**Emergency:**

I authorize the chapter adviser or other chaperoning adult to secure the services of a physical or hospital and to incur the expense for necessary services in the event of accident or illness, and I will provide payment for these costs. I understand that, when necessary, in the event of an emergency illness or injury, delegates will be transported to a local medical facility at the choice of the emergency medical professionals who respond.

Member Name \_\_\_\_\_ Member Cell Phone \_\_\_\_\_

Adviser Name \_\_\_\_\_ Adviser Cell Phone \_\_\_\_\_

**Primary Emergency Contact:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

**Secondary Emergency Contact:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Provide any medical information concerning this individual the group should be aware of (allergies, medications, etc):	
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Provide any behavioral information concerning this individual that the group should be aware of (illness during stressful periods, fear of heights, non-punctual, etc).	
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Insurance Company Name \_\_\_\_\_ Insurance Policy name \_\_\_\_\_

**Signatures:** By signing below, we agree to the Attendance, Code of Conduct and Emergency Information.

	Signature	Printed Name	Date
Member			
Parent or Guardian			
Adviser			
School Administrator			

