



Iowa Association
Family, Career and Community Leaders of America

PO Box 1084, Ankeny, IA 50021

Phone: 515-281-4716 Fax: 515-281-6544 www.iafccla.org

Our mission is to promote personal growth and leadership development through family and consumer sciences education.

Iowa FCCLA Independent Delegate Authorization Form

Delegate Name: _____ School District: _____

Meeting: _____ Location: _____ Dates: _____

Adult assuming responsibility for delegate: _____

School District: _____

Address: _____ Phone: _____

Policy: Advisers are reminded that the National Association of Secondary School Principals requires adult chaperonage for high school students attending NASSP sponsored conferences; the Iowa Career and Technical Organizations endorse this policy. In the absence of the local chapter adviser, we understand that the above named adult will assume responsibility for the delegate while participating in the designated meeting. We agree to release the Iowa Association of Family, Career, and Community Leaders of America (FCCLA), its individual members, representatives, agents, and employees from liability for any injury to the above named person.

This form is to be completed by any delegate attending a meeting without a local chapter adviser. This form along with other appropriate forms (medical form, rules of conduct, etc.) should be given to the adult assuming responsibility. Original signatures from each of the following individuals are required.

Delegate

Date

Parent/Guardian

Date

Local Chapter Adviser

Date

Local School Official

Date

Adult assuming responsibility for delegate

Date

School official of adult assuming responsibility

Date