

Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all** delegates, students, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend VA HOSA Fall Leadership Conference. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. In turn, the HOSA Chapter Advisor will make a copy for his/her files and bring the original forms in an envelope to VA HOSA Fall Leadership Conference registration on the chapter's designated date/time.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate Parent/Guardian

Delegate/Student Name _____ Date of Birth _____

Parent/Guardian Name _____ Parent/Guardian Cell# _____

Home Address _____

Parent/Guardian/Telephone: Home _____ Work _____

Student's Physician _____ Phone _____

Physician's Address _____

Alternate Contact _____

Telephone Number Home _____ Work _____

Local Advisor _____ School Name _____

Student is covered by group or medical insurance _____ Yes _____ No

If yes, complete the following information:

Name of insured _____ Insurance Company _____

Group # _____ Policy # _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies _____ e. Physical Handicap _____

b. Convulsions _____ f. Medicine Reactions _____

c. Blackouts _____ g. Disease of any kind _____

d. Heart/lung problems _____ h. Other (Be specific) _____

If currently taking medication, please provide the following information:

Name of medication _____ Physician/Phone Number _____

LIABILITY RELEASE. I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the HOSA, Inc. Board of Directors, the HOSA-Future Health Professionals Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check one of the following and sign your name.

☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature _____ Date _____

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian)

Delegate's Signature _____ Date _____

Advisor's Signature _____ Date _____

School _____

HOSA Consent and Conduct Form

A good reputation enables members to take pride in their organization. HOSA members have earned an excellent reputation over the years. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Member behavior during Fall Leadership Conference reflects credit to you, your school/college, your state and HOSA.
2. Member conduct is the responsibility of the chapter advisor. Keep your chapter advisor informed of your activities and location at all times.
3. HOSA professional dress is mandatory for Fall Leadership. Let's keep it HOSA with white shirts, black or blue bottoms, jacket/sweater. Wear comfortable black shoes.
4. Please be prompt and show respect to everyone.
5. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
6. Members are expected to observe the policy and procedures of VA HOSA and the event venue at all times.
7. Members responsible for stealing or vandalism, each member and his/her parents will be expected to pay any and all damages.
8. Members attending Fall Leadership may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
9. No smoking (ie., cigarettes, e-cigs, vaping, tobacco, or any substance) is permitted at any time.
10. Members who disregard the rules will be subject to disciplinary action and will be sent home at their expense. Parents and school/college administrators will be notified.
11. As a member attending Fall Leadership, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by HOSA.

I understand and will adhere to HOSA's Dress Code Policy. I have read the Code of Conduct for VA HOSA Fall Leadership Conference and agree to abide by these rules.

Name of Student _____
Print Name *Signature* *Date*

Parent/Guardian _____
Print Name *Signature* *Date*

School Official: _____
Print Name *Signature* *Date*