

Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend the 2018 HOSA Washington Leadership Academy. This form should be submitted to the State Advisor. In turn, the State Advisor will make a copy for his/her files and mail the original forms to HOSA Headquarters.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate Parent/Guardian

Name _____ Name _____

Home Address _____

Parent/Guardian: Home#: _____ Work#: _____

Student's Physician: _____ Phone: _____

Physician's Address: _____

Alternate Contact: _____

Telephone #: 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 issues: _____ h. Other (Be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____

Prescribing Physician/Phone Number: _____

LIABILITY RELEASE. I certify that the information on page 1 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 Board of Directors, the HOSA 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 _____

HOSA Conduct Code

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

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA Conference name badges shall be worn at all times at HOSA functions)
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means that each person must be in own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the Washington Leadership Academy may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. Smoking is only allowed in designated areas. Show respect to roommates.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
11. Members are to abide by the WLA attire policy at all sessions, tours and other Academy activities.
12. As a delegate to the Washington Leadership Academy, 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-Future Health Professionals.

I have read the Code of Conduct for the HOSA Washington Leadership Academy and agree to abide by these rules.

Print Name of Parent/Guardian	Parent/Guardian Signature	Date
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Print Name of Student	Student Signature	Date
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