



STUDENT- CODE OF CONDUCT STATE LEADERSHIP CONFERENCE

EVERY ATTENDING STUDENT MUST HAVE A COMPLETED FORM. NO electronic signatures will be accepted.

A good reputation enables you to take pride in yourself and your organization. HOSA members have an excellent reputation of high standards to uphold. Your conduct at any HOSA function will continue to enhance the HOSA reputation. HOSA members for the purpose of this document refer to both students and advisors. The HOSA Advisor should demonstrate and encourage all students to demonstrate integrity, leadership qualities, good sportsmanship and should always be an example to others.

1. The behavior of each HOSA member should always be such that it reflects credit to them, his/her school, and the HOSA organization.
2. The conduct of the student is the responsibility of the individual student and the local chapter advisor. Students must always inform the advisor of his/her activities and whereabouts.
3. HOSA nametags and proper attire must be worn to all HOSA events. If casual dress is announced as appropriate for an event, nametags must still be worn, and casual dress must be modest.
4. The students and the advisors are expected to attend all conference sessions, be on time and show respect to all presenters, other conference attendees, and on-site personnel.
5. Members are to report any accidents, injuries, or illnesses to their local advisor immediately. Advisors should keep SC HOSA, Inc., informed of any such problems.
6. If a student or advisor is involved in, or has knowledge of, stealing, vandalism, improper or disruptive behavior, the student and his/her parents/guardians or the advisor will be expected to pay all damages, and arrange immediate transportation home at their expense. The local school principal or director will be notified immediately.
7. HOSA members may NOT use or have in his/her possession any alcohol or illegal drugs at any time. HOSA members may not purchase, consume or be under the influence of alcohol or drugs. Tobacco products are illegal for all persons under 21 years of age. **Violators will be removed from the conference and their parent's/guardian's or advisor will arrange for their immediate transportation home at their expense.**
8. The published curfew will be strictly enforced. Curfew is defined as being in your own assigned room by the designated hour.
9. Members will follow the policies of their school, the local Board of Education, and SC HOSA.
10. Guests of the opposite sex are not allowed in the same room without an approved chaperone.
11. Any long-distance phone calls, room charges, etc., are the responsibility of the individual student.



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12. As a delegate to the 2024 State Leadership Conference, students will be aware of and follow any additional safety protocols in place such as:
- Students are not allowed at the pool without an adult chaperone from their school.
 - For safety reasons, it is recommended that students travel in groups of three or more when outside of the hotel. Please adhere to your school's policy if it is more stringent.
 - Students must be with their chaperone or advisors after 6:00 PM whether at the hotel or outside of the hotel.
 - Students will be respectful and courteous to authority. Advisors, chaperones, hotel staff, etc.
 - Students will report to their assigned room by stated curfew and remain in that room until breakfast opens.
 - Local advisors will be contacting parents and administrators for students breaking the rules. It will be the school or parent's responsibility to provide transportation home at their expense.
13. As a delegate to the 2024 HOSA State Conference, permission is granted to make photographs, video tapes, broadcasts, and/or sound recordings, separately or in combination, available to reproduction for educational and promotional purposes by SC HOSA.

I have read the HOSA Code of Conduct and agree to abide by the rules established for South Carolina HOSA members. I understand that members who disregard these rules will be subject to disciplinary action and may be sent home at his/her own expense.

PRINT Name of Student: _____

Student Signature: _____

PRINT Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Parent/Guardian Contact # _____

ADVISOR: I am responsible for and should follow the field trip care plan and if needed, the emergency health plan for every student in my care.

Advisor Signature: _____

Date: _____

***Required parent signature for students in High School. NO ELECTRONIC SIGNATURES Will Be Accepted**