



SOUTH CAROLINA HOSA MEDICAL LIABILITY RELEASE FORM



DIRECTIONS: Due to legal restrictions, it is necessary that **all conference attendees: students, parents/guardians, guests, and HOSA advisors** complete this form as a prerequisite for eligibility to participate in a South Carolina HOSA sponsored activity. PLEASE TYPE OR PRINT. Forms should be turned in at SLC Registration.

HOSA Activity : **2019 State Leadership Conference** Location:

North Charleston, SC Date: **March 6-8, 2019**

Participant's Name _____ School: _____

Advisor _____

Parent/Guardian's Name (for students) _____

Home Address _____ City _____ Zip _____

Phone: Home (____) _____ Phone: Parents' Work (____) _____

Emergency Contact: (____) _____ Other Phone: (____) _____

Physician _____ Phone: (____) _____

Are you covered by medical insurance? _____ Yes _____ No

If yes, name of insured: _____ Phone: _____

Insurance Company: _____

Group Number: _____ Policy Number: _____

Allergies or reactions to any medications: _____

Physical handicaps: _____

Convulsions/Seizures: Yes _____ No _____ Blackouts/Fainting: Yes _____ No _____

Diseases/Illness: _____

Heart or Lungproblems: Yes _____ No _____ if yes, describe: _____

Other: _____

If currently taking medication, please provide the following information:

a. Name of Medication(s) _____

b. Prescribing Physician _____

c. Physician's Phone (____) _____

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

____ A. I give 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.

____ B. I do not give permission for emergency medical treatment until I have been notified.

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 and medical expenses incurred on this trip. I hereby release the school, the HOSA chapter, SC HOSA, Inc., and any adult in charge of the group from any legal or financial responsibility.

Parent/Guardian's Signature: _____

Date: _____ **Student's Signature** _____

Advisor's Signature: _____

Advisor's Initials _____ 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.