

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 the ILC 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. HOSA ILC name badges shall be worn during all HOSA functions. Do not leave your hotel room without your name badge.
3. Members are expected to attend all general sessions and all 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 their room by the posted curfew.)
6. Members responsible for stealing or vandalism, each member and his/her parents will be expected to pay any and all damages.
7. Members attending the International Leadership Conference (ILC) 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. The ILC is a non-smoking conference. Smoking is only allowed in designated areas. Show respect to roommates.
9. 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.
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the member and/or parents.
11. Members are to abide by the ILC Attire Policy at all business sessions, general sessions, competitive events and other ILC activities.
12. As a member attending the International Leadership Conference (ILC), 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.
13. Members attending the ILC are granted permission to participate in the Stop-the-Bleed educational research conducted by the National Center for Disaster Medicine and Public Health and endorsed by HOSA-Future Health Professionals. This study will not collect personally identifiable information except your name. At the end of the study, you will be asked about basic demographic information that will not be linked to you in any way. You will not be exposed to any hazardous materials, chemicals, medications or body fluids. There is no risk of personal injury that is greater than participating in normal daily activities. You will not be required to move/lift anything greater than 20 pounds and no part of this study will require strenuous physical activity. There is no compensation for participating in this study. Participation is totally voluntary. You may choose to stop participating at any point by informing your observer. The purpose of this study is to evaluate students' ability to learn and perform bleeding control techniques.
14. Members participating in the Academic Testing Center are granted permission to take the academic tests. (Applicable for delegates under the age of 18 and must be signed by a parent or legal guardian.)

GENERAL SESSION PROTOCOL: The general sessions should be enthusiastic but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. States that do not adhere to general session protocol will be asked to send a representative to a special meeting of the HOSA Executive Council.

I understand and will adhere to HOSA's Dress Code Policy for all general sessions and for social activities. I have read the Code of Conduct for the HOSA ILC 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*