



**This form is to be used if the student's HOSA Advisor will not be attending the 2019 HOSA International Conference, in Orlando, FL with the student(s).**

**All information and signatures should be complete and emailed back to Amanda Wilson, [schosa1@sc.rr.com](mailto:schosa1@sc.rr.com) by May 15<sup>th</sup>.**

This letter is to confirm that \_\_\_\_\_ is chaperoning and is  
Print Name of chaperone

responsible for the actions and care of the student(s) listed below, while at the 2019 HOSA International Conference, June 19 - 23, 2019.

**This substitute chaperone is:** (Please check one)

- Employee of the School? Cell Phone: \_\_\_\_\_
- Parent? Cell Phone: \_\_\_\_\_
- HOSA Advisor from a neighboring school? Cell : \_\_\_\_\_  
School Name: \_\_\_\_\_
- Other  
What is your role?? \_\_\_\_\_ Cell: \_\_\_\_\_

**STUDENT NAME(S) and HOME SCHOOL (please print):**

	Student Name(s)	Home School Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

- All chaperones are required to sign a [code of conduct form](#), along with a completed [medical form](#). Scan and email it to [schosa1@sc.rr.com](mailto:schosa1@sc.rr.com) by **May 15<sup>th</sup>**.
- Chaperones should keep and bring a copy of all medical forms for students in their care.
- Proper parent notification and permission should be secured by the school.

**ALL APPLICABLE SIGNATURES MUST BE OBTAINED**

**Chaperone signature:** \_\_\_\_\_

**Home School HOSA Advisor signature:** \_\_\_\_\_

**Home School Principal/Director signature:** \_\_\_\_\_

**Neighboring School HOSA Advisor signature:** \_\_\_\_\_

**Neighboring School Administrator signature:** \_\_\_\_\_