

## 2023 FALL LEADERSHIP CONFERENCE MEDICAL LIABILITY RELEASE FORM

**DIRECTIONS:** Due to legal restrictions, it is necessary for each conference attendee (student, advisor, **chaperone**, parent/guardian, & guest) complete this form as a prerequisite for eligibility to participate in a SC HOSA sponsored activity. **Please TYPE or PRINT**. **NO electronic signatures will be accepted.** Forms should be turned in at the SLC Registration table. (Advisors should also have a copy with them during the conference.)

HOSA Activity: <b>2023 Fall Leadership Conference</b>	Location: Newberry, SC	Event Dates: October 5, 2023
Participant's Name:	School:	
Advisor: Student's Parent/Guardian Name:		
Home Address:	City:	Zip:
Are you covered by Medical Insurance? ☐Yes ☐N	lo	
If yes, name the Insured:	Pho	ne number of Insured <u>: (</u>
Insurance Company:	Group Nun	nber:
Policy Number:	<del></del>	
Allergies or reactions to any medications:		
Please list any medications & dosage you are currently		
Are there any diseases/Illnesses we should be made awa	are of?	
PARENT/GUARDIAN: Please check one of the following:		
☐ I give permission for immediate medical treatment  Notify me and/or any person listed above as soon a		f the attending physician.
☐ I do not give permission for emergency medical treatment until I have been notified.		
LIABILITY RELEASE: I certify that the information describe each individual is responsible for his/her own insurance the HOSA Chapter, SC HOSA, Inc, and any adult in chargo including all communicable diseases.  Parent/Guardian's Signature:	coverage and medical expenses e of the group from any legal or	incurred on this trip. I hereby release the school, financial responsibility, due to any injury or illness,
Student's Signature:		
ADVISOR: I am responsible for and should follow the field care.  Advisor Signature:		