

# Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend the HOSA International Leadership Conference. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. In turn, the HOSA State Advisor will make a copy for his/her files and mail the original forms to HOSA-Future Health Professionals. Please check with your state advisor for the state due date, which will be prior to May 15.

## PLEASE TYPE OR PRINT ALL INFORMATION

*Delegate Parent/Guardian*

Delegate Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell# \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian/Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Local Advisor \_\_\_\_\_ School Name \_\_\_\_\_

Student is covered by group or medical insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following information:

Name of insured \_\_\_\_\_ Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies \_\_\_\_\_ e. Physical Handicap \_\_\_\_\_

b. Convulsions \_\_\_\_\_ f. Medicine Reactions \_\_\_\_\_

c. Blackouts \_\_\_\_\_ g. Disease of any kind \_\_\_\_\_

d. Heart/lung problems \_\_\_\_\_ h. Other (Be specific) \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication \_\_\_\_\_ Physician/Phone Number \_\_\_\_\_

**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 during this trip. I hereby release the HOSA, Inc. Board of Directors, the HOSA-Future Health Professionals Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

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

I give my 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.

I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian)

Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

# 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*