



SC HOSA
2026 STATE LEADERSHIP CONFERENCE
ALL CONFERENCE ATTENDEES
MEDICAL LIABILITY RELEASE FORM

Due to legal requirements, all conference attendees—including students, advisors, chaperones, parents/guardians, and any additional guests—must complete this form before participating in any SC HOSA-sponsored event or activity.

Please TYPE or PRINT.

NO electronic signatures will be accepted. Chapter Advisors must scan all completed forms and upload a single PDF file containing all conference attendees registered under the chapter's account no later than February 20th for the chapter to remain in compliance for competition.

HOSA Activity: **2026 State Leadership Conference** Location: **North Charleston, SC** Event Dates: **March 11 – 13, 2026**

Participant's Name: _____

School: _____

Advisor: _____ Student's Parent/Guardian Name: _____

Print name

Home Address: _____ City/State/Zip: _____

Are you covered by Medical Insurance? ☐ Yes ☐ No If yes, name of Insured: _____

Phone number of Insured: (____) _____ Insurance Co Name: _____

Group Number: _____ Policy Number: _____

Allergies or reactions to any medications: _____

List any medications & dosage you are currently taking _____

Are there any diseases/illnesses we should be aware of? _____

LIABILITY RELEASE: I certify the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her 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, due to any injury or illness, including all communicable diseases.

Parent/Guardian's Signature: _____ **Date:** _____

Handwritten Signature Required

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

Handwritten Signature Required

***Required parent signature for all students in High School. NO ELECTRONIC SIGNATURES Will Be Accepted.**

PARENT/GUARDIAN: Please check one of the following:

☐ I give permission for immediate medical treatment as required in the judgment of the attending physician.
Notify me and/or any person listed above as soon as possible.

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

ADVISOR: 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.

Advisor Signature: _____ **Date:** _____