



# SC HOSA CHAPERONE FORM

This form is to be used if the student's HOSA Advisor will not attend the 2026 HOSA International Conference, in Indianapolis, IN, with their student(s). All information and signatures should be complete and uploaded in the [SC HOSA portal](#) by May 15<sup>TH</sup>.

This letter is to confirm that \_\_\_\_\_ Print Name of chaperone IS chaperoning and is responsible for the actions and care of the student(s) listed below, while at the 2026 HOSA International Conference, June 17 – 20, 2026.

**This substitute chaperone is:** (Please check the appropriate box and complete the information below as requested)

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

**Complete the student(s) information below:**

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

- All required ILC forms should be signed by the attending chaperone and uploaded to the [schosa.org](#) website by May 15. **DO NOT upload forms to the National HOSA site.**
- Chaperones should always have a copy of all medical forms and code of conduct forms for students in their care during the conference.
- Proper parent notification and permission should be secured by the school.

ALL **APPLICABLE** SIGNATURES MUST BE OBTAINED. (NO ELECTRONIC SIGNATURES)

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

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

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

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

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