SC HOSA
2026 FALL 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. All forms must be uploaded in the SC HOSA portal.

Please TYPE or PRINT.

All high school students must have a parent and advisor signature, regardless of age.
Post-secondary students do not need a parent or advisor signature if over the age of 18.

NO electronic signatures will be accepted. Chapter advisors must scan all completed forms and upload one PDF file to the SC HOSA portal on the FLC page by October 6. The PDF should include all registered conference attendees. Advisors must also keep a copy of each attendee's form during the Fall Leadership Conference.

HOSA Activity:**2026 Fall Leadership Conference** Location: **Newberry College** Event Dates: **October 8, 2026**

Participant's Name:_____ Print name

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

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:_____
Handwritten Signature Required

School: _____

ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED.

Do NOT leave blank answers on this page. If a question does not apply to you, please respond with "N/A"