

# 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 2019 Fall Leadership Conference, the 2020 Ohio HOSA Regional Competitive Events, and State Leadership Conference.

**PLEASE TYPE OR PRINT ALL INFORMATION**

*Delegate Parent/Guardian*

Name \_\_\_\_\_ Name \_\_\_\_\_

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

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

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

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

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

Telephone #: 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 issues: \_\_\_\_\_ h. Other (Be specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication: \_\_\_\_\_

Prescribing Physician/Phone Number: \_\_\_\_\_

**LIABILITY RELEASE.** I certify that the information on page 1 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 Ohio HOSA Board of Directors, the State 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 \_\_\_\_\_

## Ohio HOSA Conduct Code

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall keep their advisors informed of their activities and whereabouts at all times. (HOSA Conference name badges shall be worn at all times at HOSA functions)
3. You are expected to attend all general sessions and other 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 own room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Members/participants attending the Regional Competitions and State Leadership Conferences 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. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
9. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
10. Members are to abide by the Regional Competition and State Leadership Conference attire policy at all sessions, tours and other Academy activities.
11. As a participant in the Regional Competitions and State Leadership Conference, 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 Ohio HOSA.

I have read the Code of Conduct for Fall Leadership Conference, the Ohio HOSA Regional Competitions and State Leadership Conference and agree to abide by these rules.

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Print Name of Parent/Guardian      Parent/Guardian Signature      Date

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Print Name of Student      Student Signature      Date