

# Advisor/Chaperone/Guest Medical Liability Release Form

Due to legal restrictions, it is necessary that all WAHOSA advisors and guests/chaperones complete this form to be eligible to attend the WAHOSA State Leadership Conference. This form should be collected by Local Advisors and submitted to WAHOSA personnel at the conference registration table. Advisors are responsible for having copies of all forms with them during the conference.



## PLEASE PRINT ALL INFORMATION IN PEN

Advisor/Chaperone/Guest Name \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

School/Chapter Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Advisor/Guest is covered by group or medical insurance? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the following information:

Name of Insured \_\_\_\_\_

Insurance Company \_\_\_\_\_

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

Please describe any medical condition(s) which may recur or be a factor in medical treatment.

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

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

c. Blackouts \_\_\_\_\_ g. Heart/lung issues \_\_\_\_\_

d. Other \_\_\_\_\_

If currently taking medication(s), please provide the following information.

Name of Medication(s)/Dosage \_\_\_\_\_

Prescribing Physician's Phone Number (\_\_\_\_\_) \_\_\_\_\_

In the event of a medical emergency (check one of the following):

I give my permission for immediate medical treatment as recommended by an attending physician and/or other qualified healthcare provider. Notify any persons listed above as soon as possible.

I do not give permission for immediate medical treatment. Notify any persons listed above as soon as possible.

**LIABILITY RELEASE**—I certify that the information 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 WAHOSA Board of Directors, 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 participation in or contact with any known element associated with an activity including competitive events.

Advisor/Chaperone/Guest Signature \_\_\_\_\_ Date \_\_\_\_\_