

Advisor/Chaperone/Guest Medical Liability Release Form

Due to legal restrictions, it is necessary that all WA HOSA advisors and guests/chaperones complete this form to be eligible to attend the WA HOSA State Leadership Conference. This form should be collected by Local Advisors and submitted to WA HOSA 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 WA HOSA 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 _____