

Medical Liability Release Form

Due to legal restrictions, it is necessary that **all** student delegates complete this form to be eligible to attend WA HOSA Leadership Conferences. Local Advisors should collect completed forms from each student delegate and submit them to WA HOSA personnel at conference registration. Advisors are responsible for having copies of all forms with them during the conference.



PLEASE PRINT ALL INFORMATION IN PEN

Student Delegate Name _____

Parent/Guardian Name _____

Home Address _____

Home Phone (_____) _____ Cell Phone (_____) _____

Alternate/Emergency Contact Name _____

Home Phone (_____) _____ Cell Phone (_____) _____

Local Advisor Name _____

School/Chapter Name _____

Delegate is covered by group or medical insurance? ____ No ____ Yes (If "Yes", provide the following)

Insured's Name _____ Insurance Company _____

Group # _____ Policy # _____

Physician Name _____ Phone (_____) _____

Physician's Address _____

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. Disease of any kind: _____ |
| d. Heart/lung issues: _____ | h. Other: _____ |

If currently taking medication(s), please list below.

Medication(s) _____

Parent/Guardian (or Student Delegate if at least 18 years of age), please check one of the following:

- I give permission for immediate medical treatment as recommended by an attending physician and/or other qualified healthcare provider. 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.

LIABILITY RELEASE

I certify that the information provided 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 National HOSA Board of Directors, the National 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's Signature _____ Date _____
(Applicable if student delegate is under the age of 18)

Student Delegate's Signature _____ Date _____

Local Advisor's Signature _____ Date _____