

Medical Liability Release Form

Due to legal restrictions, it is necessary that **all** student delegates complete this form to be eligible to attend the 2019 WAHOSA State Leadership Conference. Local Advisors should collect completed forms from each student delegate and submit them 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

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 _____

Washington HOSA Code of Conduct

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. (WAHOSA conference name badges shall be worn at all times during the conference)
3. You are expected to attend all scheduled conference activities and appropriate competitive events. 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/guardians will be expected to pay any and all damages.
7. Members/participants attending the WAHOSA State Leadership Conference 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. Smoking is not permitted on school property.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents/Guardians will be notified.
10. Any long distance phone calls, charges to the hotel room, etc. will be the responsibility of the individual student and/or parents/guardians.
11. Members are to abide by the WAHOSA attire policy at all sessions and workshops.

I have read the Code of Conduct and agree to abide by these rules.

Printed Name of Student Delegate

Student Delegate Signature

Date

Printed Parent/Guardian Name

Parent/Guardian Signature (if student delegate is under the age of 18)

Date

_____ Parent/Guardian or Student Delegate (if 18 years of age or older) Initials

Initialing signifies permission for WAHOSA to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of student delegates available for reproduction for educational and promotional purposes by International HOSA or WAHOSA.

