

MEDICAL / LIABILITY RELEASE and CONDUCT CODE AGREEMENT FORM

Due to legal restrictions, it is necessary that **all students, chaperones, and HOSA Advisors** complete this form as a prerequisite for eligibility to attend the State HOSA Conference. Chapter Advisor, please make a copy for your files and mail the originals to the State Conference Manager.

PLEASE TYPE OR PRINT ALL INFORMATION

Name _____
(Circle title) Advisor Alumni Chaperone Student Professional

Home Address _____ Home # (_____) _____

City _____ Zip _____

Parent/Guardian's Name _____
(If appropriate)

Father Work # (_____) _____ Mother Work # (_____) _____

Additional Phone # (_____) _____

Alternate Contact _____ Relationship _____

Home # (_____) _____ Work # (_____) _____

Medical Information:

Physician /Clinic Name _____ Office # (_____) _____

If currently taking medication, please provide the following information:

a. Name of medication _____

b. If different from above Prescribing Physician _____

c. If different from above Office # (_____) _____

Medical insurance: _____ No _____ Yes If yes, complete the following:

Name of Insured _____

Insurance Company _____

Group # _____ Policy # _____

Describe any medical concern which may be a factor in medical treatment.

a. Allergy _____

b. Physical Handicap _____

c. Convulsions _____

d. Medicine Reactions _____

e. Blackouts _____

f. Disease of any kind _____

g. Heart or lung problems _____

h. Other (please specify) _____

PARENT/GUARDIAN: Please check one of the following.

_____ a. I give 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.

_____ b. I do not give permission for medical treatment until I have been contacted.

LIABILITY RELEASE:

I certify that the information described 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 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's/child's participation in or contact with any known element associated with an activity including competitive events.

HOSA CONDUCT CODE AGREEMENT

I have read and do understand the Illinois HOSA Conduct Code for the HOSA conference. I agree to abide by these rules and any additional rules of the home school and local chapter.

_____ Date _____
Signature

_____ Date _____
Parent/Guardian's Signature

School Name

_____ Signature
Advisor Name

_____ Signature
School Administrator Name

One School Administrator Signature on the Advisor's Form is sufficient.