Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend the 2026 Fall Leadership Conference, the 2026-2027 Ohio HOSA Regional Competitive Events, HOSA Education/Sporting Day Events, and the 2027 State Leadership Conference.

These forms are to be completed and carried by the advisor and students to the various events and competitions. They are **not** to be submitted to the state.

PLEASE TYPE OR PRINT ALL INFORMATION
Delegate Parent/Guardian

Name _____Name_____

Home Address_____

Parent/Guardian: Home#: _____Work#:_____

Student's Physician: _____Phone:_____

Physician's Address: _____

Alternate Contact: _____

Telephone #: Home: _____Work:_____

Local Advisor: _____School Name: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____Insurance Company:_____

Group #: _____Policy #:_____

Please completely describe any medical condition 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 (Be specific):_____

_____

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If currently taking medication, please provide the following information:

Name of medication: _____

Prescribing Physician/Phone Number: _____

LIABILITY RELEASE. I certify that the information on page 1 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 Ohio HOSA Board of Directors, the State 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: Please check one of the following and sign your name.

☐ I give my 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.

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

Parent/Guardian's Signature: _____ Date _____
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: _____ Date _____

Advisor's Signature: _____ Date _____

Chapter Name _____

Ohio HOSA Conduct Code

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. (HOSA Conference name badges shall be worn at all times at HOSA functions)
3. You are expected to attend all general sessions and other scheduled conference activities. 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 will be expected to pay any and all damages.
7. Members/participants attending the Fall Leadership Conference, Regional Competitions HOSA Education Sporting Days, and State Leadership Conferences may not purchase, consume or be under the influence of alcohol, drugs, or use of any smoking, vaping or other tobacco products at any time. Violators will be subject to stringent disciplinary action.
8. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
9. Any long distance phone calls, charges to the room, etc. will be the responsibility of the individual student and/or parents.
10. Members are to abide by the Fall Leadership Conference, Regional Competition, HOSA Education Sporting Days and State Leadership Conference attire policy at all sessions, tours and other HOSA activities.
11. As a participant in the Fall Leadership Conference, Regional Competitions, HOSA Education Sporting Days, and State Leadership Conference, permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Ohio HOSA.

I have read the Code of Conduct for Fall Leadership Conference, the Ohio HOSA Regional Competitions and State Leadership Conference and agree to abide by these rules.

_____

Print Name of Parent/Guardian Parent/Guardian Signature Date

_____

Print Name of Student Student Signature Date

HOSA Chapter _____