

# National/Florida 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. 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 is described as being in your own assigned 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 any HOSA function 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.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Members will understand and adhere to their specific school and/or district's Swimming Policy. If a member does swim, Florida HOSA will be released from liability.
11. Any long distance phone calls, charges to the rooms, etc., will be the responsibility of the individual student and/or his/her parents.
12. Members are to abide by the Conference Attire Policy established by National and Florida HOSA at all business sessions, general sessions, competitive events, and other conference activities.
13. As a state conference delegate, permission is granted to make photographs, video, broadcasts and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Florida HOSA.

***I have read the above Code of Conduct for HOSA conferences and functions and agree to abide by these rules.***

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian/Advisor  
(if not a Postsecondary/Collegiate member)

\_\_\_\_\_  
Signature of Parent/Guardian/Advisor

\_\_\_\_\_  
Date

**Required from Postsecondary/Collegiate Students Only:**

**Cell Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Note: Postsecondary/Collegiate members will have to register and have an attending advisor/chaperone present at each HOSA conference.**

# HOSA Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that all students, parents/guardians, guests, chaperones, and HOSA Advisors complete this form as a prerequisite to attend State conferences and functions. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. Please note that National HOSA has their own medical liability forms that are available each year on the NLC page in the NLC Guide, which should be used for that event only.

**PLEASE TYPE OR PRINT ALL INFORMATION -- If the member is an adult or adult postsecondary student (18 and over), disregard the request for Parent/Guardian signature.**

Member's Name \_\_\_\_\_ Gender:  M  F  
Parent/Guardian Name (if 18 or older this is still required for emergencies) \_\_\_\_\_  
Member's Address \_\_\_\_\_  
Member's Home Phone \_\_\_\_\_ Work (Parent/Guardian) \_\_\_\_\_  
Member's Name of Physician \_\_\_\_\_ Physician's Telephone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_  
Local Advisor \_\_\_\_\_  
School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Student is covered by group or individual 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.

Use back of form if necessary.

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| A. Disease of any kind _____    | E. Convulsions _____                |
| B. Physical handicap _____      | F. Blackouts _____                  |
| C. Medicine reactions _____     | G. Allergies _____                  |
| D. Heart or lung problems _____ | H. Other (please be specific) _____ |

If currently taking medication, please provide the following information:

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**PARENT/GUARDIAN OR POSTSECONDARY MEMBERS:** Please check one of the following and sign your name.

- \_\_\_\_\_ A. I give my permission for immediate medical treatment of the named member 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 of the named member until I, or any persons listed above, 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 and Florida HOSA Board of Directors, the National and 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's/child's participation in or contact with any known element associated with any activity including competitive events.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if not a Postsecondary/Collegiate member)

\_\_\_\_\_  
Date