

Medical Liability Release Form

MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that all delegates, parents/guardians, guests and HOSA Advisor complete this form as a prerequisite for eligibility to attend the 2017 HOSA Fall Leadership Conference, 2018 Spring Leadership Conference and the National Leadership Conferences. This form should be returned to your HOSA Chapter Advisor who will need to send it along with your conference registration materials to make the registration complete. These forms will need to be sent to National HOSA for all those attending and a copy will also remain in the State HOSA Advisor's Office.

1. The initial steps that students need to take are 1) complete the form and 2) give it to your local HOSA Advisor.
2. The steps that local HOSA Advisors need to take are 1) give forms to students to complete, 2) gather forms and send the completed forms along with registration forms from your school or college to the State Advisor,

Delegate Name _____ Parent/Guardian Name _____
 Home Address _____

Parent/Guardian Telephone Number Home _____ Work _____
 Student's Physician Name _____
 Physician's Address _____
 Alternate Contact _____
 Telephone Number: Home _____ Work _____
 Local Advisor _____ School Name _____
 Student is covered by group/medical Insurance Yes _____ No _____
 If yes, Name of insured _____
 Group # _____ Policy # _____

Please completely describe any medical condition which may recur or be a factor in medical treatment.

| | |
|------------------------------|------------------------------|
| a. Allergy _____ | e. Physical Handicap _____ |
| b. Convulsions _____ | f. Medical Reactions _____ |
| c. Blackouts _____ | g. Disease of any kind _____ |
| d. Heart/Lung problems _____ | h. Other (Be specific) _____ |

If you are currently taking medication, please provide the following information.
 Name of Medication _____ Prescribing Physician and Phone Number _____

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/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 then form must be signed by the parent or legal guardian.)

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____