

Medical Liability Release Form

MEDICAL LIABILITY RELEASE FORM Fall 2019 and Spring 2020

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 HOSA Fall and Spring Leadership Conference and the International Leadership Conference. 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 bring the completed forms from your school to the registration table at the Fall Conference.

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 _____
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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.)

Delegate's Signature _____ Date _____

Advisor's Signature _____ Date _____