



Washington Leadership Academy (WLA) Medical Liability Release Form

DIRECTIONS: Due to legal restrictions, it is necessary that **ALL** delegates, parents/guardians, guests & HOSA Advisors complete this form to be eligible to attend the HOSA Washington Leadership Academy.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate Parent/Guardian

Delegate Name _____ Date of Birth _____

Parent/Guardian Name _____ Parent/Guardian Cell# _____

Home Address _____

Parent/Guardian/Telephone: Home _____ Work _____

Student's Physician _____ Phone _____

Physician's Address _____

Alternate Contact _____

Telephone Number 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 problems _____ h. Other (Be specific) _____

If currently taking medication, please provide the following information:

Name of medication _____ Physician/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 HOSA, Inc. Board of Directors, the HOSA-Future Health Professionals 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 _____

School _____



Washington Leadership Academy (WLA) Member Consent and Conduct Form

A good reputation enables members to take pride in their organization. HOSA members have earned an excellent reputation over the years. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Member behavior during the WLA reflects credit to you, your school/college, your state and HOSA.
2. Member conduct is the responsibility of the chapter advisor. Keep your chapter advisor informed of your activities and location at all times. HOSA name badges shall be worn during all HOSA functions. Do not leave your hotel room without your name badge.
3. Members are expected to attend all general sessions and all 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 their room by the posted curfew.)
6. If a member is responsible for stealing or vandalism, the member and his/her parents will be expected to pay any and all damages.
7. Members attending the WLA 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. The WLA is a non-smoking conference.
9. Members who disregard the rules will be subject to disciplinary action and will be sent home at their expense. Parents and school/college administrators will be notified.
10. Any long-distance phone calls, charges to the room, etc. will be the responsibility of the member and/or parents.
11. Members are to abide by the WLA Attire Policy at all tours, sessions, and academy activities.
12. As a member attending the Washington Leadership Academy, 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 HOSA.

I have read the Code of Conduct for the HOSA WLA and agree to abide by these rules.

Name of Student _____
Print Name *Signature* *Date*

Parent/Guardian _____
Print Name *Signature* *Date*

School Official: _____
Print Name *Signature* *Date*



Washington Leadership Academy (WLA) Advisor Code of Conduct

The Advisor Code of Conduct is made available by the HOSA, Inc. Board of Directors for distribution by chartered associations as needed. Whether there is a signed agreement or not, these are the standards expected of all advisors and guests attending HOSA's Washington Leadership Academy.

ADVISOR CODE OF CONDUCT

1. HOSA Advisors project a positive and professional image of Health Science and Biomedical Science Education and HOSA to all those with whom they interact.
2. HOSA Advisors promote HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. HOSA Advisors are accountable to and for their students in all HOSA-related activities.
4. HOSA Advisors understand and follow established processes within the organization that protect the rights of all members.

HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any HOSA function implies acceptance and practice of these standards.

CONSEQUENCES

1. Verbal reprimand by Advisors' Ethics Board.
2. Written reprimand with a copy to the chartered association HOSA Advisor / Supervisor and local administrator by the Advisors' Ethics Board.
3. Recommendation for dismissal from the HOSA event to the Advisors' Ethics Board.
4. Recommendation for further action by the HOSA, Inc. Board of Directors.

I have read the above Code of Conduct for HOSA Advisors and agree to accept and practice these standards.

Name: _____ School: _____

State: _____ Signature _____ Date: _____