

Virginia HOSA-FHP Chapter Certification Form

Virginia HOSA-FHP 43rd State Leadership Conference

Due on March 10, 2023, at Conference Registration

CHAPTER NAME: _____ **CHAPTER #** _____

This form is required in order to participate in conference activities including, but not limited to, general sessions, competitive events, breakout sessions, and on-site events. Only one form needs to be completed per chapter by the Chapter Advisor and submitted to their respective State Advisor.

All attendees representing my Virginia HOSA chapter have read and understood the following documents:

- Virginia HOSA -FHP Medical Liability
- Virginia HOSA -FHP Code of Conduct

All attendees including advisors representing my HOSA chapter have completed the following document and will have them available upon request in case of emergency or any other incidents that may occur during the conference they may need immediate attention.:

- Virginia HOSA -FHP Medical Liability and Code of Conduct

Our HOSA chapter members have a plan in case of an emergency. This plan has been communicated with attending members, advisors, chaperones, and guests as well as with school administration.

Printed Name Advisor

Signature

Date

CTE Director or CTE Principal Printed Name

Signature

Date



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 Virginia HOSA State Leadership Conference. All advisors are **REQUIRED** to keep copy during the conference March 10 – 12, 2023.

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 Virginia HOSA-Future Health Professionals Staff, State and Local Virginia HOSA Associations, and any designated individual in charge of Virginia HOSA-FHP professional organization 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 _____ Chapter Number _____



State Leadership Conference Consent and Code of Conduct Form

A good reputation enables members to take pride in their organization. Virginia 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 SLC reflects credit to you, your school/college, and Virginia 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 SLC name badges shall be worn during all SLC 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. Members responsible for stealing or vandalism, each member and his/her parents will be expected to pay any and all damages.
7. Members attending the Virginia State Leadership Conference (SLC) 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 SLC is a non-smoking conference. Smoking is only allowed in designated areas. Show respect to roommates.
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, school and/or parents.
11. Members are to abide by the SLC Attire Policy at all business sessions, general sessions, competitive events and other SLC activities.
12. As a member attending the Virginia HOSA State Leadership Conference (SLC), 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.
13. Members are expected to respect all members, conference participants including workshop presenters throughout the Virginia HOSA -FHP Conference March 10 – 12, 2023.
14. Members participating in the Academic Testing Center are granted permission to take the academic tests. (Applicable for delegates under the age of 18 and must be signed by a parent or legal guardian.)

GENERAL SESSION PROTOCOL: The general sessions should be enthusiastic, but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. Local chapters are required to adhere to all general session and workshop protocols.

I understand and will adhere to HOSA's Dress Code Policy for all general sessions, workshops, and social activities. I have read the Code of Conduct for the HOSA SLC 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*