

Student Name: \_\_\_\_\_  
(Please Print Clearly)

## Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that **all** students, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend and participate in any HOSA activity/conference during the **2017-2018** school year. This form should be returned to the local HOSA Chapter Advisor. Chapter Advisors will submit a copy during conference registration at State Leadership Conference and then again for all students, parents, guests and HOSA Advisors attending International Leadership Conference.

**PLEASE TYPE OR PRINT ALL INFORMATION**

HOSA Member/Attendee \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian (if member/attendee is a secondary student) \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Alternate Emergency Contact Phone #: \_\_\_\_\_

Local Advisor: \_\_\_\_\_ School Name: \_\_\_\_\_

Local Advisor Cell #: \_\_\_\_\_

Student/Attendee Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Student/attendee 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: \_\_\_\_\_

Prescribing 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/activity. 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 secondary students)

HOSA Member/Attendee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Secondary student is defined as a high school student while a HOSA member**