

STUDENT: _____ ADVISOR: _____ SCHOOL: _____



Student Member Participation Form

Code of Conduct

Due to legal restrictions, it is necessary that all guests complete this form to be eligible to attend any North Carolina HOSA event. This form should be returned to the HOSA Chapter Advisor who will make a copy for his/her records and forward all forms to North Carolina HOSA. Please make sure this form is turned in by the appropriate conference deadline.

A good reputation enables you to take pride in your organization. HOSA members have an excellent reputation of standards to uphold. Your conduct at any HOSA function should enhance the reputation that is being established.

1. Student conduct is the responsibility of the local chapter advisor. Students must keep their advisor informed of their activities and whereabouts at all times.
2. HOSA name badges and proper attire must be worn at all times.
3. Students are expected to attend all workshop sessions, be on time, and show respect to all presenters.
4. Students are to report any accidents, injuries, or illnesses to their local advisor immediately.
5. If a student is responsible for stealing, vandalism, or improper behavior, the student and his/her parent/guardian will be expected to pay any and all damages. Violators will be removed from the conference at their parent's/guardian's expense.
6. HOSA members may NOT use or have in their possession any drugs, alcohol, vape or tobacco products at any time. Violators will be removed from the conference at their parent's/guardian's expense.
7. Students are expected to follow the policies of their school and local Board of Education at all times.
8. Students who violate the Code of Conduct at any Regional, State or International HOSA function will forfeit any awards/recognition earned at the function where the violation occurred and could be sent home at their parent's/guardian's expense.
9. No students/guests of opposite sex are allowed in hotel rooms together without chaperone approval and if chaperone approval is obtained, the door must be open.

I have read the above Code of Conduct for HOSA activities and agree to abide by these rules established for North Carolina HOSA. I understand that students who disregard these rules will be subject to disciplinary action and may be sent home at their own expense.

Dance Dress and Conduct

Attending the HOSA dance is a privilege. At the discretion of the HOSA advisors, chaperones, and/or security, any student failing to abide by the dance guidelines or showing disrespect will be asked to leave the dance. Any advisor can ask a student to leave. Advisors MUST have a chaperone present if any of their students are at the dance.

Students must be in HOSA Dance Attire, as outlined in the North Carolina HOSA Dress Code. No inappropriate or provocative dancing will be tolerated. Students are not allowed to sit on other students' shoulders or body surf.

Photo Release

By attending this event, the student consents to North Carolina HOSA taking photo/video of the student during the event. North Carolina HOSA is authorized to use and publish these photos/videos in print and/or electronically and may use these photos/videos for any lawful purpose, including for example: publicity, illustration, advertising, and web content.

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Student Member Participation Form

Medical Liability Release

DIRECTIONS: Due to legal restrictions, it is necessary that **all** conference attendees complete this form to be eligible to attend any HOSA Leadership Conferences. This form should be returned to the HOSA Chapter Advisor who will forward a copy of the form to NC HOSA. The original forms must be maintained by the local advisor and travel with the advisor. Please TYPE or PRINT all information. Check Activities your child may be participating in this year. There will be a separate form for the International Leadership Conference.

HOSA Activity:

NC HOSA Fall Leadership Conference 2023 NC HOSA Regional Leadership Conference 2023 NC HOSA State Leadership Conference 2024

Participant's Name _____ Date of Birth: _____

Telephone #: _____ Home Address _____

Parent/Guardian Name (for guests under age 18) _____

Parent/Guardian: Home#: _____ Work#: _____

Alternate/Emergency Contact: _____

Telephone #: Home: _____ Work: _____

Physician: _____ Phone: _____

Physician Address: _____

Are you covered by group or medical insurance? Yes No If yes, name of insured: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Allergies or reactions to any medications: _____

Physical handicaps: _____

Convulsions/Seizures: Yes No; Blackouts/Fainting: Yes No; Heart or Lung problems: Yes No

If yes, describe: _____

Diseases/Illness: _____

Other: _____

If currently taking medication, please provide the following information:

a. Name/Dosage of Medication(s) _____

b. Prescribing Physician _____ Physician's Phone _____

STUDENT/(PARENT/GUARDIAN if UNDER AGE 18): 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.

