ADVISOR NAME: _____ SCHOOL: _____

Advisor Participation Form

Code of Conduct

Due to legal restrictions, it is necessary that all advisors complete this form to be eligible to attend any North Carolina HOSA event. This form should be returned to North Carolina HOSA prior to attending any event for the year.

The following Code of Conduct applies to all Advisors attending HOSA events. Your conduct at any HOSA function is critical to setting the conduct standards for the organization and students.

Advisors, who violate the Code of Conduct at any HOSA function, will forfeit any awards/recognition earned at the function where the violation occurred. The Executive Director will initially handle violations of the Advisor Code of Conduct. If the violation is not resolved, the North Carolina HOSA Board of Directors' Executive Committee will review the situation and recommend action to the Executive Director. A student/entire HOSA chapter may be sent home early at their own expense and disqualified from event activities for violations of the Codes of Conduct. Violations of the Code of Conduct will be reported to the administration of the school system.

Advisor Responsibilities

1. Be knowledgeable about HOSA, including: goals, mission, structure, conferences, deadlines, bylaws, and policies.
2. Be held to the standards of the North Carolina Code of Ethics for Educators and follow the policies of their school and local Board of Education at all times.
3. Promote the goals and objectives of HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
4. Be appropriately dressed at all HOSA activities in accordance with the North Carolina HOSA Dress Code.
5. Aware of their student's activities and whereabouts at all times.
6. Ensure you and/or a chaperone is at the dance if any students are in attendance.
7. Be immediately available in the event of an emergency and are to report any accidents, injuries, or significant illnesses to the conference staff.
8. Be responsible for the resolution of all damages incurred by their students.
9. May NOT use or have in their possession any illegal substances, alcohol, vape, or tobacco products at any time.
10. Advisors are not permitted to utilize the gym, pool facilities, or other unauthorized spaces at any time during the conference.
11. Chapter advisors are responsible for ensuring that all students understand and adhere to the established Code of Conduct. Advisors must actively monitor student behavior, enforce curfew policies, and confirm that all students are in their assigned rooms at the designated times.
12. Review all pertinent information in the Advisors Guide with students prior to the event.

Revised 10/11/25 JKE

ADVISOR NAME: _____ SCHOOL: _____

Advisor Participation Form

Advisor Roles

1. Attending advisors are required to work a competitive event at the Regional Leadership Conference.
2. Attending advisors are required to work a competitive event at the State Leadership Conference.
3. Attending advisors are required to work a competitive event at the International Leadership Conference.
4. Be knowledgeable of education initiatives and how HOSA fits the needs and opportunities provided by those initiatives.
5. Carefully read all emails and information from the North Carolina and International HOSA offices.
6. Closely follow all State and International HOSA deadlines and directions. Set your chapter deadlines early to allow time for changes and corrections.
7. Collect membership dues and forms promptly at the beginning of the year to ensure members will be able to take advantage of all the opportunities HOSA affords its members. Oversee the keeping of records and finances for all activities.
8. Pay all invoices and fees timely to both the International Office and the North Carolina Office.
9. Keep the school board, school administration, local businesses, community, local media, and parents informed of chapter activities.
10. Work with students and other chapter advisors to host events and ensure the accuracy of all conference registration.
11. Establish basic ground rules and high expectations that help students lead themselves.
12. Provide leadership development for chapter officers. Clearly define officer responsibilities and expectations by developing a Program of Work and a Calendar of Events.
13. Enjoy your role of mentor. Show enthusiasm for chapter activities. You provide opportunities for students to develop positive self-images and become productive citizens.

Photo Release

By attending these events, the advisor consents to North Carolina HOSA taking photo/video of the guest 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.

ADVISOR NAME: _____ SCHOOL: _____

Advisor 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 you may be participating in this year. There is a separate form for the International Leadership Conference.

HOSA Activity:

□ **NC HOSA Regional Leadership Conference 2025** □ **NC HOSA State Leadership Conference 2026**

Participant's Name _____ Date of Birth: _____

Telephone #: _____ Home Address_____

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 _____

ADVISOR: Please check one of the following.

☐ 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.

☐ If I am unable to communicate, I do not give permission for medical treatment until the person listed above has been contacted.

ADVISOR NAME: _____ SCHOOL: _____

Advisor Participation Form

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 and medical expenses during any HOSA related trip. I hereby release the HOSA Inc. Board of Directors, the International Staff, NC HOSA Board of Directors, NC HOSA Staff, North Carolina Department of Public Instruction, 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.

As with any social activity, participation in HOSA events could present the risk of contracting COVID-19 or other communicable illnesses. While HOSA and the hosting facilities take safety and preventative precautions, HOSA cannot guarantee the absence of communicable illness. By signing this form, you acknowledge and accept full responsibility for any risks associated with travel, including but not limited to the potential exposure to or contraction of communicable illnesses such as COVID-19. You agree that any such risks are assumed at your own discretion and liability.

By signing this form, you are verifying that you have read the Code of Conduct, Dance Dress and Conduct, Medical Liability Release, and the Photo Release sections – one signature applies to all sections of the form.

Print Name of Advisor Participant	Advisor Participant Signature	Date