

The Advisor's Code of Conduct is made available by the HOSA, Inc. Board of Directors for distribution by states on an as-needed basis. Whether there is a signed agreement or not, these are the standards expected of all **advisors and chaperones attending any HOSA function.**

## **Advisors' and Chaperones' Code of Ethics**

1. HOSA Advisors project a positive and professional image of Health Science Education and HOSA to all those with whom they interact.
2. HOSA Advisors promote HOSA as a positive student experience; therefore, they 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.
5. The HOSA Advisor has read, and will help competitors abide by, the General Rules and Regulations of the National HOSA Competitive Events Program.
6. HOSA Advisors should support the mission of HOSA and be willing to lend their time, talent, and skills to make sure every competitor has the opportunity to excel and grow; therefore, advisors are expected to assist with competitive events.

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.

**I have read the above Code of Ethics for HOSA Advisors/Chaperones and agree to accept and practice these standards.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Advisor's/Chaperone's Cell Phone Number:** \_\_\_\_\_

# HOSA Advisor/Chaperone Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that all HOSA Advisors and Chaperones complete this form as a prerequisite to attend State conferences and functions. This form should be returned to the State Office. Please note that National HOSA has their own medical liability forms that are available each year on the ILC page in the ILC Guide, which should be used for that event only.

## PLEASE TYPE OR PRINT ALL INFORMATION

Advisor's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Advisor's Address \_\_\_\_\_

Advisor's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Home phone \_\_\_\_\_ Work \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's Telephone \_\_\_\_\_

Advisor is covered by group or individual 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. Use additional piece of paper if necessary.

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| A. Disease of any kind _____    | E. convulsions _____                |
| B. Physical handicap _____      | F. Blackouts _____                  |
| C. Medicine reactions _____     | G. Allergies _____                  |
| D. Heart or lung problems _____ | H. Other (please be specific) _____ |

If currently taking medication, please provide the following information:

A. Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

B. Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Please check one of the following and sign your name below.

- \_\_\_\_ A. I give my permission for immediate medical treatment of myself as required in the judgment of the attending physician. Notify any persons listed above as soon as possible.
- \_\_\_\_ B. I do not give permission for medical treatment of myself until Emergency Contact Person has been contacted.

**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 or her own insurance coverage during this trip. I hereby release the National and Florida HOSA Board of Directors, the National and State 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's/child's participation in or contact with any known element associated with any activity including competitive events.

\_\_\_\_\_  
Advisor's/Chaperone's Signature

\_\_\_\_\_  
Date