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, chaperones and family / guests 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 will support the mission of HOSA and lend their time, talent, and skills to make sure every competitor has the opportunity to excel and grow; therefore, advisors will assist with competitive events.

Plan of Action for Advisors/Chaperones that do not follow the Code of Ethics:

1. Consultation with the Florida HOSA - Future Health Professionals Executive Director/ State Advisor and/or designee.
2. Consequences to be determined by the Florida HOSA - Future Health Professionals Executive Committee, up to notification sent to the appropriate administrators.

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, Chaperones and Guest/Family 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 Select One: ☐ Advisor ☐ Chaperone ☐ Guest/Family

Attendee's Name _____ E-mail _____

Attendee's Address _____

Attendee's Home Phone _____ Work Phone _____

School Name _____ School Phone _____

Emergency Contact Person _____ Home phone _____ Work _____

Name of Physician _____ Physician's Telephone _____

Attendee 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 boxes 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.

_____ _____

Attendee's Signature Date