

Florida HOSA Advisor/Chaperone Code of Ethics

The Florida HOSA Advisor/Chaperone Code of Ethics 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 Florida HOSA state event.

1. Florida HOSA advisors/chaperones project a positive and professional image of Health Science Education and HOSA to all those with whom they interact.
2. Florida HOSA advisors/chaperones 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. Florida HOSA advisors/chaperones are accountable to and for their students in all HOSA-related activities.
4. Florida HOSA advisors/chaperones understand and follow established processes within the organization that protect the rights of all members.
5. The Florida HOSA advisor/chaperone has read, and will help competitors abide by, the General Rules and Regulations of the National HOSA Competitive Events Program.
6. Florida HOSA advisors/chaperones 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.

Florida HOSA advisors/chaperones are proud of the standard of excellence they maintain for themselves and their students. Attendance at any Florida HOSA function implies acceptance and practice of these standards.

By signing below, I certify that I have read the above Florida HOSA Advisor/Chaperone Code of Ethics and agree to accept and practice these standards. I also certify that I have collected fully completed and signed Code of Conduct/Ethics forms from all students, chaperones (if applicable), and guests (if applicable) that are attending this conference. I verify that I have submitted a copy of these Code of Conduct/Ethics forms to the Florida HOSA State Office as part of my school's registration packet, and understand that I am responsible and required to bring all original forms with me to the conference in case of an emergency or event that would require their use, or, if I am not attending, I certify that I have given the forms to my designated Lead Chaperone(s) or Point of Contact(s) to bring to the conference.

Print Name: _____

Signature: _____

Date: _____

Cell Phone Number: _____

Florida HOSA Advisor/Chaperone Medical Liability Release Form

Due to legal restrictions, it is necessary that all Florida HOSA Advisors and Chaperones complete this form as a prerequisite to attend any Florida HOSA state event. This form should be returned to the State Office. Please note that Global/National HOSA has their own medical liability form that is 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

ADV/CH Name _____ ADV/CH E-mail _____

ADV/CH Address _____

ADV/CH Cell Phone _____ ADV/CH Work Phone _____

School _____ School Phone _____

Emergency Contact Person _____ Cell Phone _____

Name of Physician _____ Physician's Phone _____

ADV/CH is covered by group or individual medical insurance (select one): ☐ 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:

Disease of any kind _____ Convulsions _____

Physical handicap _____ Blackouts _____

Medicine reactions _____ Allergies _____

Heart or lung problems _____ Other (please be specific) _____

If currently taking medication, please provide the following information:

Name of Medication _____ Dosage _____

Prescribing Physician _____ Physician's Phone _____

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

- ☐ A. I give permission for immediate medical treatment of myself as required in the judgement 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.

By signing below, 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 Global/National and Florida HOSA Board of Directors, the Global/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.

I certify that I have read the above Florida HOSA Advisor/Chaperone Medical Liability Release Form. I also certify that I have collected fully completed and signed Medical Liability Release Forms from all students, chaperones (if applicable), and guests (if applicable) that are attending this conference. I verify that I have submitted a copy of these forms to the Florida HOSA State Office as part of my school's registration packet, and understand that I am responsible and required to bring all original forms with me to the conference in case of an emergency or event that would require their use, or, if I am not attending, I certify that I have given the forms to my designated Lead Chaperone(s) or Point of Contact(s) to bring to the conference.

Advisor/Chaperone Signature

Date