

**Florida HOSA Family/Guest Code of Ethics**

*The Florida HOSA Family/Guest 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 family/guests project a positive and professional image of Health Science Education and HOSA to all those with whom they interact.
2. Florida HOSA family/guests 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 family/guests understand and follow established processes within the organization that protect the rights of all members.
4. The Florida HOSA family/guest has read, and will help competitors abide by, the General Rules and Regulations of the National HOSA Competitive Events Program.
5. Florida HOSA family/guests 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.

Plan of Action for family/guests 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 school administrators.

Florida HOSA family/guests 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 Family/Guest Code of Ethics and agree to accept and practice these standards.***

Print Name: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

# Florida HOSA Family/Guest Medical Liability Release Form

*Due to legal restrictions, it is necessary that all Florida HOSA Family and Guests complete this form as a prerequisite to attend any Florida HOSA state event. This form should be returned to your member's/student's Florida HOSA chapter advisor, who will forward all forms to the State Advisor.*

## PLEASE TYPE OR PRINT ALL INFORMATION

Family/Guest Name \_\_\_\_\_ Family/Guest E-mail \_\_\_\_\_

Family/Guest Address \_\_\_\_\_

Family/Guest Cell Phone \_\_\_\_\_ Family/Guest Work Phone \_\_\_\_\_

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

Emergency Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Family/Guest 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.***

\_\_\_\_\_  
Guest/Family Signature

\_\_\_\_\_  
Date