FLDA 2026

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. 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 that all of their registered students/members MUST attend all scheduled student workshops for the duration of the workshop throughout the entirety of the conference. Advisors/chaperones will ensure their students/members act in a professional manner during the workshops and not be disruptive, or will be sent home at the students'/members' own expense.
5. Florida HOSA advisors/chaperones understand and follow established processes within the organization that protect the rights of all members.
6. Florida HOSA advisors/chaperones will support the mission of HOSA and lend their time, talent, and skills to make sure every student has the opportunity to excel and grow.

Plan of Action for Advisor/Chaperones Who 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 of Advisor/Chaperone Cell Phone Number

_____ _____

Signature of Advisor/Chaperone Date

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, which should be used for ILC only.

PLEASE TYPE OR PRINT ALL INFORMATION.

Select One: ❑ Advisor ❑ Chaperone
Advisor's/Chaperone's Name: _____
Advisor's/Chaperone's E-mail Address: _____
Advisor's/Chaperone's Cell Phone: _____
Advisor's/Chaperone's Address: _____
Advisor's/Chaperone's Work Phone: _____
School: _____
School Phone: _____
Advisor's/Chaperone's Name of Physician: _____
Physician's Phone: _____
Emergency Contact Person: _____
Emergency Contact Phone: _____

IS THE ADVISOR/CHAPERONE COVERED BY GROUP OR INDIVIDUAL MEDICAL INSURANCE: ❑ Yes ❑ No

If ***YES***, please complete the following information.

Name of Insured: _____
Insurance Company: _____
Group Number: _____
Policy Number: _____

Please describe any medical condition which may recur or be a factor in medical treatment:

Disease: _____
Convulsions: _____
Physical Handicap: _____
Blackouts: _____
Medicine Reactions: _____
Allergies: _____
Heart of 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 below.

❑ I ***give 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.

❑ I ***do NOT give permission*** for medical treatment of myself until my 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.

_____ _____
Signature of Advisor/Chaperone Date