



SC HOSA
2024 FALL LEADERSHIP CONFERENCE
MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary for each conference attendee (student, advisor, chaperone, parent/guardian, & guest) complete this form as a prerequisite for eligibility to participate in a SC HOSA sponsored activity. Please TYPE or PRINT. NO electronic signatures will be accepted. Forms should be turned in at the SLC Registration table. (Advisors should also have a copy with them during the conference.) Please do not leave any item blank, list N/A if that is appropriate.

HOSA Activity: 2024 Fall Leadership Conference Location: Newberry, SC Event Dates: October 10, 2024

Participant's Name: School:

Advisor: Student's Parent/Guardian Name:

Home Address: City: Zip:

Are you covered by Medical Insurance? Yes No

If yes, name the Insured: Phone number of Insured: ( )

Insurance Company: Group Number:

Policy Number:

Allergies or reactions to any medications:

Please list any medications & dosage you are currently taking:

Are there any diseases/illnesses we should be made aware of?

PARENT/GUARDIAN: Please check one of the following:

I give permission for immediate medical treatment as required in the judgement of the attending physician. Notify me and/or any person listed above as soon as possible.

I do not give permission for emergency medical treatment until I have been notified.

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/her own insurance coverage and medical expenses incurred on this trip. I hereby release the school, the HOSA Chapter, SC HOSA, Inc, and any adult in charge of the group from any legal or financial responsibility, due to any injury or illness, including all communicable diseases.

Parent/Guardian's Signature: Date:

Student's Signature: Date:

ADVISOR: I am responsible for and should follow the field trip care plan and if needed, the emergency health plan for every student in my care.

Advisor Signature: Date:

\*Required parent signature for all students in High School. NO ELECTRONIC SIGNATURES Will Be Accepted.