



SC HOSA CHAPERONE FORM

THIS FORM IS TO BE USED IF THE STUDENT'S HOSA ADVISOR WILL NOT ATTEND THE 2025 HOSA INTERNATIONAL CONFERENCE, IN NASHVILLE, TN WITH THE STUDENT(S). ALL INFORMATION AND SIGNATURES SHOULD BE COMPLETE AND EMAILED BACK TO AMANDA WILSON, SCHOSA@OUTLOOK.COM BY MAY 15TH.

This letter is to confirm that _____ Print Name of chaperone IS chaperoning and is responsible for the actions and care of the student(s) listed below, while at the 2025 HOSA International Conference, June 18 – 21, 2025.

This substitute chaperone is: (Please check the appropriate box and complete the information below and requested)

- An employee of the student's School-
Employee Cell Phone: _____
- Parent-
Parent Cell phone: _____
- HOSA Advisor from a neighboring school-
School Name: _____ Advisor Cell Phone: _____
- Other-
What is your role? _____ Cell Phone: _____

Complete the student(s) information below:

	Student Name(s)	Home School Name
1.	_____	_____
2.	_____	_____
3.	_____	_____

- All chaperones are required to sign a [code of conduct form](#), along with a completed [medical form](#). Scan and email it to schosa@outlook.com by **May 15th**.
- Chaperones should always have a copy of all medical forms and code of conduct forms for students in their care during the conference.
- Proper parent notification and permission should be secured by the school.

ALL **APPLICABLE** SIGNATURES MUST BE OBTAINED.

Chaperone signature: _____

Home School HOSA Advisor signature: _____

Home School Principal/Director signature: _____

Neighboring School HOSA Advisor signature: _____

Neighboring School Administrator signature: _____