MEDICAL LIABILITY RELEASE FORM

DIRECTIONS: Due to legal restrictions, it is necessary that **all** delegates, parents/guardians/chaperones, guest and AzHOSA advisors complete this form as a prerequisite for eligibility to attend any AzHOSA Leadership Conference. The AzHOSA chapter advisor should keep the original copy for the State Conference. For National Conference, the original forms are sent to the State Advisor who forwards them to National HOSA. **PLEASE TYPE OR PRINT ALL INFORMATION**

Delegate's Name: ________________ Parent/Guardian's Name: ________________

Home Address: ________________________________

Parent/Guardian Telephone: Home: ________________ Work: ________________ Cell: ________________

Delegate's Physician: ________________ Dr. Phone Number: ________________

Physician's Address: ________________________________

Alternate Contact: ________________________________

Telephone Number: Home: ________________ Work: ________________

Local Advisor: ________________________________

School Name: ________________________________

Student is covered by group or medical insurance? ________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:

a. Allergy: ________________________________

b. Physical Handicap: ________________________________

c. Convulsions: ________________________________

d. Medicine Reactions: ________________________________

e. Blackouts: ________________________________

f. Disease of any kind: ________________________________

g. Heart or lung problems: ________________________________

h. Other (Be Specific): ________________________________

If currently taking medication, please provide the following information:

* Name of medication: ________________________________

* Prescribing Physician and Phone Number: ________________________________

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 during this trip. I hereby release the AzHOSA, AzHOSA Board of Directors National HOSA Board of Directors, the AzHOSA and National Staff, State and Local HOSA Associations, and any designated individual in charge of the AzHOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check one of the following and sign your name.

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

__________ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature ________________________ Date ____________

(the above line is applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature ________________________ Date ____________

Advisor's Signature ________________________ Date ____________

Revised 7/2011