

# ARIZONA HOSA STATEMENT OF ASSURANCE COMPREHENSIVE CONSENT FORM

Please Type or Print: School \_\_\_\_\_  
Advisor \_\_\_\_\_

RETURN TO: Arizona Department of Education  
AzHOSA Bin #42  
1535 W. Jefferson St  
Phoenix, AZ 85007  
FAX – 602-364-4035

DUE DATE: 10-3-2011

I, \_\_\_\_\_, have a properly completed, signed and filed an Arizona HOSA  
(Advisor's Name)  
Statement of Assurance Comprehensive Consent with the AzHOSA State Advisor.

This form indicates I will have in **my possession** for the duration of any activities, including travel to and from these activities a completed Code of Conduct and Medical Liability Form for **each student and participant**. This includes student attending any of the following Arizona HOSA activities or any other workshops, seminars, and activities sponsored by Arizona HOSA.

1. Chapter Officer Training
2. Fall Leadership Conferences
3. State Leadership Conference
4. National Leadership Conference
5. Washington Leadership Academy
6. State Officer Training
7. Conference Planning Meetings for State Officers

By signing below I am indicating that I will have completed and filed the Arizona HOSA Comprehensive Consent Form and completed Code of Conduct and Medical Liability Form for each student and participant and have them in my possession for the duration of any activities, including travel to and from these activities. I also understand the following:

1. Mail or fax a copy of your Comprehensive Consent Form to the State Advisor prior to HOSA activities Fax: 602-364-4035.
2. **A signed original copy of the Comprehensive Consent Form should be on file at the AZ HOSA office prior to attending an event. Advisors should take the original copies of the students "Personal Liability and Medical Release Forms" and "Code of Conduct" with them to each event.**
3. The Arizona HOSA Comprehensive Consent Form, when properly and totally completed, represents my student's and my best liability and medical protection during HOSA activities.

I have read the above and hereby offer assurance that I understand and agree to comply with and enforce the policies stated, as indicated by my signature appearing below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Chapter Advisor's Name (PRINTED)