



2023-2024 ARIZONA HOSA



Comprehensive Code of Conduct and Medical Liability

Permission to Participate in Activities, Agreement to follow all HOSA Conduct Policies,
Release of Liability, Emergency Medical Treatment Authorization:

PLEASE TYPE OR PRINT ALL INFORMATION

Must be completed by ALL Arizona HOSA members, including students and advisors

Member's Name:				Date of Birth:	/	/
School/Chapter:			Advisor:			
Home Address:			Unit Number:			
City:			State:		Zip:	

Parent/Guardian (if applicable)					
Name:				Phone Number:	
Cell Phone Number:			Email:		

Alternate Contact					
Name:				Relationship:	
Home Phone Number:			Cell Phone Number:		

Insurance					
Name of Insured:				Insurance Company:	
Group #:			Policy #:		

Medical History					
Please complete the medical history portion below and describe any medical condition which may recur or be a factor in medical treatment:					
Allergies:					
Current Medications:					
History of heart condition, diabetes, asthma, epilepsy, or other chronic condition:					
Any physical conditions:					
Other conditions:					
Surgeries:					



2023-2024 ARIZONA HOSA



Comprehensive Code of Conduct and Medical Liability

Permission to Participate in Activities, Agreement to follow all HOSA Conduct Policies,
Release of Liability, Emergency Medical Treatment Authorization:

PLEASE TYPE OR PRINT ALL INFORMATION

Must be completed by ALL Arizona HOSA members, including students and advisors

This is to certify _____ has my permission to attend all Arizona HOSA sponsored activities for the 2023-2024 School Year. I also release Arizona HOSA, the school officials, the Arizona HOSA chapter Advisors, conference staff, the Arizona HOSA Board of Directors, the Arizona HOSA State Advisor, and Arizona HOSA staff and volunteers from any claims for any legal or financial responsibility, and/or personal injuries/damages which might be sustained while (s)he is traveling to and from an event or during an Arizona HOSA sponsored activity.

I acknowledge and understand that the chapter Advisor establishes the guidelines for individual students to attend and participate at all Arizona HOSA events.

I authorize the above-named Advisor or Arizona HOSA staff to secure the services of a doctor or hospital for _____. I will pay the expenses for necessary services in the event of accident or illness.

Code of Conduct

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Your behavior at all times should reflect credit to you, your school, state and HOSA.
2. Student conduct is the responsibility of the local chapter advisor. Students shall always keep their advisors informed of their activities and whereabouts. (HOSA conference name badges shall always be worn within the event space.)
3. Participants are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any incidents, injuries, or illness to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew is defined as being **QUIETLY** in your **OWN** assigned room by the designated hour.)
6. If a student is responsible for stealing or vandalism, the student and his/her parents will be expected to pay any and all damages.
7. Participants attending any HOSA Conference, or conference-related activity may not purchase, consume, or be under the influence of alcohol or drugs at any time. Violators will be subject to disciplinary action. This includes being sent home at their parent's expense.
8. Smoking (including vape pens) or using tobacco products at a school-related or school-sanctioned activity on or off school property is strictly prohibited.
9. Students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Any long-distance phone calls, charges to the room, etc., will be the responsibility of the individual student and/or their parents.
11. Participants will abide by the HOSA Conference Dress Code Policy at all business sessions, general sessions, competitive events, and other conference activities.



2023-2024 ARIZONA HOSA



Comprehensive Code of Conduct and Medical Liability

Permission to Participate in Activities, Agreement to follow all HOSA Conduct Policies,
Release of Liability, Emergency Medical Treatment Authorization:

PLEASE TYPE OR PRINT ALL INFORMATION

Must be completed by ALL Arizona HOSA members, including students and advisors

Media Release

I hereby grant Arizona HOSA and National HOSA offices permission to make photographs, still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the Arizona HOSA or National HOSA office permission to use the finished photographs, silent or sound videos or pictures, and /or sound recordings as deemed necessary. I also grant Arizona HOSA and National HOSA Offices permission to share photographs, silent or sound videos with other organizations deemed appropriate, including but not limited to Arizona Department of Education (ADE), Career & Technical Education, a division of ADE, ADE Health Career Education programs, Association of Career and Technical Education Arizona, and the Arizona HOSA Foundation.

We have read and agree to abide by the supplied Arizona HOSA Code of Conduct. Should a Code of Conduct violation occur, law enforcement personnel and or security may be called. A student in violation of this Code of Conduct may be disqualified and sent home at his or her family's expense and membership may be revoked. If the student is an officer, a violation may result in removal from office. If the student is sent home, all measures will be used to secure a safe and financially sound method of travel home. If an advisor is found to be in violation of the Code of Conduct, they may be asked to leave a HOSA event, and replaced for supervisory reasons by another member of the staff at the school's expense. Both students and advisors are also expected to follow any and all policies set forth by their own school/district, and subject to the disciplinary policies there as well.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Parent Name	Parent Signature	Date
_____	_____	_____
Advisor Name	Advisor Signature	Date