2021-2022 ARIZONA HOSA
STUDENT PERMISSION/MEDICAL RELEASE FORM
Permission to Participate in Activities,
Release of Liability, Emergency Medical Treatment Authorization:
<u>PLEASE TYPE OR PRINT ALL INFORMATION</u>

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

Parent/Guardian

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:	

Revised 9/2019

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This is to certify _____ has my permission to attend all Arizona HOSA sponsored activities for the 2021-2022 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.

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.

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