HOSA Medical Liability Release Form

Due to legal restrictions, it is necessary that all student delegates, parent/guardians, guests and IDAHO HOSA Advisors complete this form to be eligible to attend any Idaho HOSA State Leadership Conference. This form should be completed and a copy submitted to advisor. **Medical Release Forms need to be kept with the advisor at all times during the conference.**

PLEASE TYPE OR PRINT ALL INFORMATION

Participant Name:		**Guardian Name:**	
Address:			
Parent Phone:	*Cell:*	*Work:*	*Home:*
Alternate Contact		**Phone**	
Personal Physician:		**Phone**	
Physician Address:			
Local Advisor:		**School Name**	
Student covered by medical insurance? (please check one):	☐ *Yes*	☐ *No*	
Name of Insured		**Insurance Company**	
Group #		**Policy #**	

Please check and describe any medical condition which may recur or be a factor in medical treatment:

☐ Allergies:
☐ Blackouts:
☐ Physical Handicap:
☐ Disease of any kind:
☐ Convulsions:
☐ Heart/Lung problems:
☐ Medicine Reactions:
☐ Other:

If currently taking any medication, please provide the following information:

Medication(s)_____

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 conference. I hereby release IDAHO HOSA Board of Directors, State and Local Chapter Advisors, Idaho Career & Technical Education, and any designated individual in charge of the HOSA chapter group or specific activity from any legal or financial responsibility with respect to my personal or my student delegate's/child's participation in or contact with any known element associated with an activity including competitive events.*

Parent/Guardian/Participant: Please check one of the following and sign your name:

☐ I give permission for immediate medical treatment as required in the judgement of the attending physician.
☐ I do NOT give permission for medical treatment until I have been contacted.

Parent/Guardian/Participant Signature: _____ Date**:** _____
(Required for student delegates under the age of 18)

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____