

Indiana HOSA Multiple Release Form

School _____ Adviser _____

Please have student attendees and their parents/guardians read and complete this multiple-part form. Enclose a copy of the form with original signatures for each student with your registration form(s) and fees. Retain a copy for your records.

MEDICAL RELEASE/AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY

The undersigned, being the parent or guardian of _____ and having legal custody and who resides with me/us do give consent to any X-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any dentist, physician or surgeon licensed to practice in the State of Indiana or in a state on the itinerary of an activity sponsored by HOSA I/we further agree that I/we will assume all expenses involved in such medical/ dental procedures and will not hold the Indiana Health Occupations Students of America or its representatives liable for said expenses.

List any medical/dental conditions that a medical doctor/dentist should be made aware of:

1 _____

List any allergies that a medical doctor/dentist should be made aware of:

2 _____

Family Physician: Name 3 _____

Address 4 _____ Phone 5 _____

Parents/Guardians Signature 6 _____ Dated 7 _____

LIABILITY

The undersigned being the parent or guardian of student named above hereby agrees to release the Office of Career and Technical Education, its representatives, agents, servants, and employees from liability for injury to the said minor resulting from any cause whatsoever occurring to the said minor at any time while attending a conference or meeting of the Office of Career and Technical Education, including travel to and from said meeting, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

Parents/Guardians Signature 8 _____ Dated 9 _____

CODE OF CONDUCT AND DRESS CODE

Students are to conduct themselves in accord with exemplary standards of ethics and behavior, including zero tolerance for any actions that violate any civil or criminal codes. Students found to be in violation of any laws, regulations or policies established for the HOSA event they are attending will be subject to disciplinary action and prosecution. Their parents or guardians and school officials will be notified and must remove the student from the event.

Dress is to reflect the HOSA image and follow guidelines for specific events. When not specified, business casual is appropriate for workshops and general sessions (no slogans, sayings, logos, or images on T-shirts or other clothing; no low-riding pants or skirts that reveal abdomens, navels, mid-backs; no bare mid-sections; no torn or ragged clothing; no hats; no short shorts; no thin strap tops; no blue jeans; no sweats). For recreational activities, jeans and nice sweat suits are permitted unless otherwise specified. All other guidelines still apply.

Understanding completely the policies, practices, and procedures that will serve to govern the conduct and attire of persons attending a HOSA event, I do hereby agree to follow said policies, procedures, and practices and abide by any consequences of any violations.

10 _____
Signature of HOSA Member Date

11 _____
Signature of Parent/Guardian Date

PUBLICITY - STANDARD RELEASE FORM:

I release to the Indiana Department of Education the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: (check to indicate release) ___ Image (photo or video); ___ Voice: ___ Quote or written material.

12 _____
Signature of HOSA Member Date

13 _____
Signature of Parent/Guardian Date

Address 14 _____ Telephone 15 _____