



# North Dakota HOSA Medical Release Form and Code of Conduct Form for the 2026 State Leadership Conference

School \_\_\_\_\_ Advisor \_\_\_\_\_

*Please have student attendees and their parents/guardians read and complete this multiple-part form. Please keep a copy for your records.*

*Please bring with you to the ND HOSA Conferences.*

**PARENTS: PLEASE INITIAL THE 5 SECTIONS AND COMPLETE THE REST AS REQUIRED. MEMBERS: PLEASE SIGN THE BOTTOM OF THIS RELEASE FORM.**

## (\_\_\_\_ Initial here) TRAVEL PERMISSION

I certify that the school officials, the HOSA chapter advisor(s), the ND HOSA board chairman or any member of the HOSA Executive Council have the right to send my son/daughter home from the HOSA sponsored activity at my expense provided his/her conduct becomes a detriment to the conference. I assume full responsibility and liability for his/her behavior.

## (\_\_\_\_ Initial here) 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 North Dakota or in a state on the itinerary of an activity sponsored by North Dakota HOSA. I/we further agree that I/we will assume all expenses involved in such medical/dental procedures and will not hold North Dakota HOSA or its representatives liable for said expenses.

List any allergies or medical conditions: \_\_\_\_\_

Family Physician: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Parent's/Guardian's Phone Number \_\_\_\_\_

## (\_\_\_\_ Initial here) LIABILITY

The undersigned being the parent or guardian of student named above hereby agrees to release Mayville State University, the North Dakota University System, North Dakota AHEC, North Dakota HOSA, all 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 North Dakota HOSA, including travel to and from said meetings, excepting only such injury or damage resulting from the willful acts of such representatives, agents, servants, and employees.

## (\_\_\_\_ Initial here) CODE OF CONDUCT AND DRESS CODE

Students are to conduct themselves in accordance with ND HOSA Code of Conduct 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 ND 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.

Reading and 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.

## (\_\_\_\_ Initial here) PUBLICITY - STANDARD RELEASE FORM:

I release to the Mayville State University, North Dakota University System, North Dakota AHEC, and North Dakota HOSA the unlimited right to reproduce, copy, publish, or otherwise use in any reasonable way for any informational or educational purpose the following: (check all that apply)

\_\_\_\_ Image only (photo or video); \_\_\_\_ Image/first name (photo or video); \_\_\_\_ Quote or written material.

As a parent/legal guardian of a HOSA member, I certify that I have read and understand the prior terms and conditions:

\_\_\_\_\_  
Signature of HOSA Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number



# HOSA Consent and Conduct Form

**Student Name:** \_\_\_\_\_

This form confirms that the student and parent/guardian understand and agree to follow the North Dakota HOSA Code of Conduct during all ND HOSA-sponsored events, including conferences, competitions, and travel.

**Student Agreement:**

I understand that as a representative of ND HOSA, I am expected to uphold the highest standards of behavior, professionalism, and integrity. I agree to:

- Follow all ND HOSA, school, venue, and advisor rules and instructions.
- Demonstrate respectful conduct toward peers, advisors, staff, judges, hotel staff, and guests.
- Wear required attire for all general sessions, ceremonies, and competitive events.
- Avoid any behavior involving alcohol, drugs, vaping, harassment, theft, vandalism, or other misconduct.
- Wear my HOSA name badge at all times during conference activities.
- Accept that violations may result in disciplinary action, including removal from the event at my parent/guardian’s expense.

**Parent/Guardian Agreement:**

I acknowledge that I have reviewed the ND HOSA Code of Conduct with my student. I understand that I may be required to pick up or arrange transportation home for my student if they violate conference rules. I accept responsibility for any financial costs resulting from misconduct or damages.

Name of Student:	_____		
	Print Name	Signature	Date
Parent/Guardian:	_____		
	Print Name	Signature	Date
Advisor:	_____		
	Print Name	Signature	Date