North Dakota HOSA Medical Release Form and Code of Conduct form for the _____ 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: _____ Policy Number: _____

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 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. Dress is to reflect the North Dakota HOSA image. The North Dakota HOSA Dress Code for National and State Leadership Conferences is casual except for Opening, General, Closing Sessions and competitions (Official HOSA uniform or business attire should be worn at these events). Casual includes everything EXCEPT tank tops, halter tops, extremely short shorts or skirts and cutoffs. Shirt straps must be two inches wide, and the length of shorts and skirts must be at minimum to the fingertip. Jeans (with no rips or holes) and tennis shoes are recommended wear. HOSA T-shirts are encouraged, but any nice T-shirt or top (with no inappropriate slogans, saying, logos or images) is acceptable wear.

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 _____