

# Florida HOSA Member/Student Code of Conduct

*A good reputation enables members/students to take pride in their organization. Florida HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.*

1. Your behavior at all times should be such that it reflects credit to you, your school/college, your state, and HOSA.
2. Member/student conduct is the responsibility of the local chapter advisor. Member/students shall keep their advisors informed of their activities and whereabouts at all times. Florida HOSA event name badges shall be worn at all times at any Florida HOSA function.
3. You are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members/students are to report any accidents, injuries or illnesses to their local or State Advisor immediately.
5. Members/students are expected to observe the designated curfew. Curfew is described as being in your own assigned room by the designated hour.
6. If a member/student is responsible for stealing or vandalism, the member/student and his/her parents will be expected to pay any and all damages.
7. Members/students attending any Florida HOSA function may not purchase, consume or be under the influence of alcohol or drugs at any time. Smoking is not permitted.
8. The use of profane, slanderous, or abusive language is prohibited.
9. Members/students who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
10. Members/students will understand and adhere to their specific school and/or district's Swimming Policy. If a member/student does swim, Florida HOSA will be released from liability.
11. Any long-distance phone calls, charges to the rooms, etc., will be the responsibility of the individual member/student and/or his/her parents.
12. Members/students are to abide by the Dress Code Policy established by Florida HOSA at all business sessions, general sessions, competitive events, and other conference activities.
13. As a member/student, permission is granted to make photographs, video, broadcasts and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by Florida HOSA.

Plan of Action for members/students that do not follow the Code of Conduct:

1. The Florida HOSA Executive Director/State Advisor will consult with the member's/student's chapter advisor/chaperone.
2. A determination will be made after the advisor/chaperone consultation which may include disqualification from competitive event(s), parent/guardian notification, being sent home at member's/student's own expense, and school administrator notification.

***I have read the above Code of Conduct for Florida HOSA conferences and functions and agree to abide by these rules.***

\_\_\_\_\_  
Print Name of Member/Student

\_\_\_\_\_  
Signature of Member/Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian/Advisor

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

\_\_\_\_\_  
Date

***(Regardless of age, all middle and high school members/students must have a Parent/Guardian/Advisor signature.)***

**Required from Postsecondary/Collegiate Students Only:**

***(Postsecondary/Collegiate members/students must be both registered and accompanied by an affiliated registered advisor or registered chaperone at any Florida HOSA function.)***

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# Florida HOSA Member/Student Medical Liability Release Form

Due to legal restrictions, it is necessary that all Florida HOSA members/students complete this form as a prerequisite to attend any Florida HOSA state event. This form should be returned to the member's/student's Florida HOSA chapter advisor, who will forward all forms to the State Advisor. Please note that Global/National HOSA has their own medical liability form that is available each year on the ILC page in the ILC Guide, which should be used for that event only.

**PLEASE TYPE OR PRINT ALL INFORMATION. If the member/student is an adult or adult postsecondary student (18 and over), disregard the request for Parent/Guardian signature.**

Member's/Student's Name \_\_\_\_\_ Gender:  M  F  
Member's/Student's Address \_\_\_\_\_  
Member's/Student's Cell Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_  
Member's/Student's Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Local Chapter Advisor \_\_\_\_\_  
School \_\_\_\_\_ School Phone \_\_\_\_\_

Member/Student is covered by group or individual medical insurance:  Yes  No

If yes, complete the following information.

Name of Insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Disease of any kind \_\_\_\_\_ Convulsions \_\_\_\_\_

Physical handicap \_\_\_\_\_ Blackouts \_\_\_\_\_

Medicine reactions \_\_\_\_\_ Allergies \_\_\_\_\_

Heart or lung problems \_\_\_\_\_ Other (please be specific) \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**PARENT/GUARDIAN OR POSTSECONDARY MEMBER OVER 18: Please check one of the following boxes and sign your name.**

- A. I give my permission for immediate medical treatment of the named member/student as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- B. I do not give permission for medical treatment of the named member/student until I, or any persons listed above, have been contacted.

***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 trip. I hereby release the Global/National and Florida HOSA Board of Directors, the Global/National and State Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student's/child's participation in or contact with any known element associated with any activity including competitive events.***

\_\_\_\_\_  
Member/Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

***(Regardless of age, all middle and high school members/students must have a Parent/Guardian signature. If the member/student is a postsecondary student who is over 18 years old, disregard the request for parent/guardian signature.)***