

PERMISSION/MEDICAL RELEASE FORM

ALL CAL-HOSA SPONSORED ACTIVITIES 2017-2018

-Revised August 2011-

CODE OF CONDUCT

Attendance at any Cal-HOSA sponsored conference or activity is a privilege. The following conduct policies will apply to all delegates: students, alumni, advisors, and any other authorized persons attending the activity. This form must be signed by each student and alumni (under 21) attending a Cal-HOSA activity and submitted to the chapter advisor prior to the respective registration deadline. The chapter advisor must have a completed copy of the permission/medical release form for each student attending in their possession for the duration of the event, including travel to and from the event. This Form must be kept on file in the local school district after conference.

Delegates shall abide by the rules and practices of Cal-HOSA *and school district policies* at all times to, during, and from the designated point of origin of the activity. Delegates shall respect and abide by the authority vested in the Cal-HOSA organization. The standards outlined in this document constitute the Cal-HOSA Code of Conduct.

The following shall be regarded as severe violations of the Cal-HOSA Code of Conduct:

Should a conduct code violation occur for item 1 through 7 below, regardless of when exposed, the violating student(s) will be sent home at the expense of the student's parent(s) and will not be eligible to attend any other state, regional, or national conference during that school year. If the violation warrants it, law enforcement may also be notified. Determination of penalties for violations will be at the discretion of the State Management Team or the Board of Directors.

1. **Alcohol, Drugs and Tobacco:** a student shall not possess, use, transmit, be under the influence of, or show evidence of having used an alcoholic beverage, other drugs, substances or tobacco products capable of or intended, purported, or presumed to be capable of altering a student's mood, perception, behavior or judgment; other than properly used, over-the-counter pain relievers and medications prescribed by a physician for an individual student and must be on record with the advisor. Nor shall the student possess, use, sell or transmit paraphernalia associated with drugs, alcohol, or chemical substance in any form (including tobacco), at any time, or under any circumstances, on public or private properties.
2. **Curfew:** Committing serious violations of curfew regulations as outlined in item 9 below.
3. **Willful Companionship:** Being in the willful companionship of someone who violates any portion of the conduct code, or failing to report any direct knowledge (other than hearsay) of the conduct code violations.
4. **Personal Conduct:** Cheating, dishonesty, or taking unfair advantage of others; participating in social activities other than those with conference participants; conducting acts and/or possession of weapons capable of causing bodily harm or fear of life, defacing or stealing any public or private property (for which financial responsibility will rest solely with offending individuals or their chapter); breaking the law; other serious violations of personal conduct regulations.
5. **Serious Violations of the student conduct code of the school district or school that the student represents.**
6. **Private Transportation:** Driving or riding in a private automobile during a conference, unless accompanied by an authorized advisor. (**Delegates are to be housed at the conference site**) Occasionally a chapter advisor, under special circumstances, may allow a student to drive or ride in a private automobile to a conference. These students are required to provide a "Permission to use Private Transportation" form to the chapter advisor prior to the conference. Permission to drive/ride applies to transportation of the student named on the form and only to and from the conference site. Once a driving/riding delegate has arrived at the conference site, he/she shall not be in a private automobile again until leaving the site at the end of the conference.

7. **Abusive Behavior and Lewd Conduct:** A student shall not engage in any lewd, indecent, sexual, or obscene act or expression or possess such materials. A student shall not engage in verbal, physical or sexual harassment, hazing, or name-calling. The use of slurs against any person on the basis of race, color, creed, national origin, ancestry, age, sex, sexual orientation, or disability is prohibited.

The following shall be other violations of the Cal-HOSA Code of Conduct:

Should a conduct code violation occur for items 8-12 below, regardless of when exposed, the violating student(s) may be sent home and may not be eligible to attend any other state, regional or national conference during that school year. Determination of penalties for violations will be at the discretion of the State Management Team or the Board of Directors or local Advisor.

8. **Conference Conduct:** Failing to wear the supplied conference ID badge and wristband (when provided) at all times from arrival at the conference until departure at the end of the conference; leaving sessions prior to their conclusion (except in the case of emergency); failing to attend all general sessions and assigned activities (including workshops, competitive events, committee meetings, etc.) for which a delegate is registered (unless engaged in a specific assignment taking place at the same time); not abiding by the rules and regulations of HOSA or school/district policies from the time he/she leaves his/her home or school for any activity and the time he/she returns to the same home or school following the activity.
9. **Curfew:** Failing to be in your assigned hotel room from the curfew time designated in the conference program until 6 a.m.; causing any noise or other disturbance audible by anyone in the hallway after designated curfew time; ordering any food after the designated curfew time; causing any other unnecessary disturbance or participating in any other inappropriate activity after the designated curfew time.
10. **Dress:** Failing to abide by the dress regulations established for the conference, as outlined in the Dress Code.
11. **Personal Conduct:** Failing to report accidents, injuries or illnesses immediately to the local HOSA Advisor; failing to keep adult advisors informed of activities and whereabouts at all times; failure to comply with established grievance process for disputes about competitive event results/processes (including personally confronting judges or event administrators); using tobacco products outside of local school district policies and state law; having a member of the opposite sex in a room if no adult chaperone is present and the room door is not visibly open (e.g., the door may be propped wide open); having a delegate or advisor of the opposite sex in a room without a third person present and the door visibly open.
12. **Hotel Conduct:** Failing to meet the professional standards of housing facilities; accruing incidental room charges (i.e. phone calls, room service, pay-per-view movies, etc.) without settling the account prior to check-out; throwing objects out the window or into the hallway; moving hotel furniture from rooms (e.g., onto the balcony); failing to follow hotel rules and regulations.

Individual School District Policies may supersede the code of conduct.

CAL-HOSA DELEGATE PERMISSION/MEDICAL RELEASE FORM

(Students and Alumni are collectively referred to as "Delegates" in this document)

Conduct Code Endorsement, Permission to Attend Cal-HOSA Sponsored Activities, and Authorization to use pictures or student name in publications.

Release of Claim for Damages/Emergency Medical Treatment Authorization

Name of Delegate: _____

Date: _____

Home Address: _____

Phone: _____

Date of Birth: _____

Name of High School: _____

Phone: _____

Parent Name: _____

Advisor _____

This is to certify that *the above named delegate* has my permission to attend all Cal-HOSA sponsored activities for the 2017-2018 School Year. I also do hereby, on the behalf of *the above named delegate* absolve and release Cal-HOSA, the school officials, the HOSA chapter advisor(s), conference staff, and the Cal-HOSA staff from any claims for personal injuries/damages which might be sustained while he/she is en route to and from or during the HOSA sponsored activity.

I authorize the above named advisor or the Cal-HOSA staff to secure the services of a doctor or hospital for *the above named delegate*. I will incur all expenses for necessary services in the event of accident or illness and provide for the payment of these costs.

I grant permission to Cal-HOSA and its staff/contractors, State Department of Education, and sponsors/supporters to use the above delegate's name and likeness (including photographs, video footage, silhouettes, and audio clips) in publications, productions, promotions and on websites for informational, promotional and other related purposes without further consideration, and acknowledge the right of Cal-HOSA to crop, treat, edit, or otherwise modify the photographs, video footage, silhouettes, and audio clips at their discretion.

I also understand that the chapter advisor determines the criteria at the local site, for individual students and alumni to attend and participate at all HOSA activities.

We have read and agree to abide by the supplied Cal-HOSA Code of Conduct. Should a code of conduct violation occur, law enforcement personnel and or security may be called to assist, and a conduct code committee may be called with the ultimate punishment being that the student may be disqualified and sent home at their/their family's expense and/or be removed from office if in an officer status. If the delegate is sent home, reasonable care shall be exercised to ensure a safe, expedient, and financially feasible mode of transportation back to the home community of the delegate involved. We are aware of the consequences that will result from violation of any of the above guidelines.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Chapter Advisor Signature _____

Date _____

School/ROP Official Signature _____

Date _____

MEDICAL INFORMATION

Known allergies (drug, food, or natural) _____

Special medication being taken _____

Date of last tetanus shot _____

History of heart condition, diabetes, asthma, epilepsy or rheumatic fever _____

Any physical restrictions _____

Other conditions _____

Family doctor _____ Phone _____

INSURANCE INFORMATION

Company Name _____

Policy Number _____