Forms

The following forms must be completed as part of the State Leadership Conference registration process!

- ✓ Medical Release Form: to be completed by every student attendee and collected by the local advisor. The local advisor must keep these forms in their possession during the conference.
- ✓ Code of Conduct: to be completed by every student attendee and collected by the local advisor. The local advisor must keep these forms in their possession during the conference.
- ✓ Advisor Statement of Assurance: to be completed by each chapter's advisor and submitted to Oregon HOSA by the advisor on-site at registration.

Please have originals and copies of all forms and correspondence for your records and bring them with you to the State Leadership Conference (SLC). The forms are available at the end of this Registration Guide.

Advisor Statement of Assurance

Advisors attending Oregon HOSA events must review, sign, and return this statement of assurance along with their registration materials for each Oregon HOSA conference/event.

Event: 2027 Oregon HOSA State Leadership Conference

As the advisor responsible for the students attending this event, I confirm that:

- I have reviewed the permission/medical release form with my students, and I will have a completed copy of the permission/medical release form for each student attending in my possession for the duration of the above event, including travel to and from this event.
- I understand that Oregon HOSA will not collect the individual student forms for this event and that they are to be kept in my possession.
- I understand that students attending the above event may have the opportunity to participate in activities outside of the conference facility, thus requiring walking or further public transportation. I have discussed this with the students and their parents/guardians and have also informed them of proper etiquette and safety precautions while traveling in/around metropolitan areas.
- I understand that proper completion of the permission/medical release form provides the best protection for my students' needs and my liability during an Oregon HOSA event.
- I have checked with my administrator and have secured authorization for my chapter to travel to this event and have reviewed all school/district policies regarding supervision of students on trips and will abide by them.
- The responsibility for the safety of the delegates from this chapter rests with people signing this Statement of Assurance.
- I will participate in all general sessions during the conference and fulfill my assigned responsibilities during the conference.
- I will patrol the halls, stay up until students and/or halls are quiet, enforce the conference Code of Conduct and Dress Code, and regularly check-in with my students.
- I will ensure that myself and the chaperones assisting me will:
    - Follow the conference Code of Conduct and Dress Code
    - Act responsibly and interact appropriately with students

I have read the above and hereby offer assurance that I understand and agree to comply with the policies stated on the Permission Forms as indicated by my signature appearing below.

Advisor Signature _____ Date _____

Chapter_____

Please submit this completed form to the Oregon HOSA State Office Email: stateadvisor@oregonhosa.org

Oregon HOSA Delegate Permission/Medical Release Form

(Students and Alumni are collectively referred to as "Delegates" in this document)
Conduct Code Endorsement, Permissions to Attend Oregon 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 Home Address

Phone

Date of Birth

Parent/Emergency Contact Name

Emergency Contact Phone Advisor

This is to certify that *the above-named delegate* has my permission to attend all Oregon HOSA sponsored activities for the 2026-2027 School Year. I also do hereby, on behalf of *the above-named delegate* absolve and release Oregon HOSA, the school officials, the HOSA chapter advisors, conference staff, and Oregon HOSA staff from any claims for personal injuries/damages which might be sustained while he/she is enroute to and from or during the HOSA sponsored activity.

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

I grant permission to Oregon 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 Oregon 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 in all HOSA activities.

We have read and agree to abide by the supplied Oregon 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 _____

Oregon HOSA Delegate Permission/Medical Release (page 2)

MEDICAL INFORMATION

Known allergies (drug 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 _____

Code of Conduct

Health sciences programs and HOSA provide training for students with career objectives in health. As individual conduct and appearance is a part of this training, it becomes the responsibility of all persons to see to it that proper conduct is adhered to at all times. The following guidelines have been established to provide all participants information regarding expected behavior.

1. All participants will be expected to attend all conference sessions, activities, and competitive events for which they have registered. Failure to attend an event may result in disqualification from all events.

2. All participants are expected to behave in a courteous and respectful manner and to refrain from using language or actions that might bring discredit upon themselves, their school, their home, their friends, or the HOSA organization.

3. Intoxicants or drugs of any nature will be prohibited. We again ask students to police themselves for the time we are together. If outsiders approach anyone, it should be reported to any advisor at hand. Students caught using any intoxicant, drug, prescription drug not prescribed to them, or other illegal substances will be disqualified from all events and forfeit any awards already received.

4. With regard to Oregon law and out of consideration for others, the use of tobacco during conference events will not be permitted. Smoking or other use of tobacco while in public, or while dressed in official dress, also will not be permitted.

5. Cell phones and other electronic devices are not permitted during testing and skill events. Competitors caught with these items or suspected of using these items during the competition will be disqualified from the event. Students may listen to personal music devices (i.e. iPods) during Extemporaneous Health Poster.

5. Because participants are guests using public facilities, and the reputation of the organization is being created, each person should take special care not to deface or destroy any property. Any damage to any property or furnishings in buildings or hotel rooms must be paid for by the individual(s) or chapter(s) involved.

6. Conference curfew will be observed. All students should be in their rooms and quiet so as not to disturb other guests. Commuting students must be off property at curfew.

7. Conference participants are not permitted to be in the hotel rooms with members of the opposite sex. Exceptions to this rule can be made by the State HOSA Advisor or the chapter advisor for special meetings.

Code of Conduct (continued)

8. No student shall leave the immediate conference area without their advisor/chaperone's permission.

9. Official HOSA dress will be encouraged, but we recognize the circumstances preventing official dress. We would ask each chapter to require all persons attending to wear appropriate professional attire. Blue jeans/denim and flip flops are not appropriate dress.

10. Identification badges (i.e., name tags) are to be worn at all times.

11. Rules and regulations such as those above are common, and do not cover all the specifics. We ask each person attending to set a good example, not only to impress the visitors who will be on location, but for the most important person represented, YOU.

It is agreed that, upon violation of the Code of Conduct, the violators may be asked to vacate their hotel rooms and withdraw from the conference activities by the proper HOSA authorities.

Parents Be Aware: If your student is asked to withdraw from the conference, you will be notified that your child is being sent home. Under such circumstances, parents will be responsible for expenses and travel plans of their son/daughter.

Misconduct shall be reported, if applicable, to the principal or other proper authorities. Anyone being in the willful companionship of another person violating the HOSA Code of Conduct will also be subject to disciplinary action.

Student's Signature	Date
Parent's Signature	Date
School Official's Signature	Date