



MEDICAL LIABILITY RELEASE FORM

Due to legal restrictions, it is necessary that all delegates, parent/guardians, guests and HOSA Advisors complete this form to be eligible to attend any Georgia HOSA event. This form should be returned to the HOSA Chapter Advisor who will make a copy for his/her records and forward all forms to Georgia HOSA. Please make sure this form is turned in by the appropriate conference deadline.

Please Type or Print All Information

Name: _____ Birth Date: _____

Home Address: _____

Parent/Guardian Telephone: (Work) _____ (Cell) _____

Alternate Contact: _____ Phone: _____

Local Advisor: _____ School: _____

Please completely describe any medical condition, which may be a factor in medical treatment [Allergies, Convulsions, Blackouts, Heart/Lung Problems, Physical Handicap, Medicine Reactions, Disease of Any Kind, Other (Be Specific), and Current Medications]:

Liability Release

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 Georgia HOSA 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/child's participation in or contact with any known element associated with an activity including competitive events.

Parent/Guardian: Please check one of the following and sign your name.

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

Parent/Guardian's Signature: _____ Date: _____
(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian)

Delegate's Signature: _____ Date: _____