

Medical Liability and Parental Permission Form

South Dakota HOSA Medical Liability Release and Parental Permission Slip

I, as a parent or guardian, acting on behalf of my child/ward, do voluntarily authorize the persons indicated below, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures and/or routine or emergency medical treatment for the below-named person as deemed necessary in medical judgment.

I agree to indemnify and hold harmless these people and said medical services coordinator and/or his or her assistants and designees for any and all claims, demands, actions, right of action, and/or judgments by or on behalf of the below-named person arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I hereby absolve and release the school officials, the SD HOSA chapter advisors, SD HOSA, the host state, the conference staff and/or the University of South Dakota from any claims for personal injuries which might be sustained while he/she is en route to and from or during such SD HOSA sponsored activities providing that this agreement shall not apply to any injury arising out of sole negligence of the preceding parties.

Name of Participant:	School:
Name of Parent / Guardian:	Person(s) authorized to seek medical treatment:
Signature of Parent / Guardian:	Date:

Medical Information

CONFIDENTIAL

Known drug allergies:
History of heart condition, diabetes, asthma, epilepsy or rheumatic fever:
Any physical restrictions:
Other conditions:
Name of hometown doctor and telephone number:
Parent / Guardian's cell phone number:
In the event we are unable to reach you, please list name and telephone number of either nearest relative and / or family physician:
Other:

Member Obligation

While attending any career and technical student organization function (i.e. HOSA), I will make sure that my attitude, conduct and appearance will be such as to reflect credit to my chapter, school, community and our state association.

I understand the responsibilities, code of conduct and other general guidelines that are associated with being a state officer. I understand the consequences that are also associated and understand that any point throughout the school year if consequences are given, I may be dismissed as a state officer if not following the code of conduct and other general guidelines.

State Officer Signature _____ Date _____

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Parent Obligation / Permission

I, the parent/guardian of the above-named student do hereby grant permission to him/her to attend activities for the upcoming/elected school year. I authorize adult advisors / chaperones to routinely check member's room to insure that the students adhere to policies established by the SD HOSA state officer handbook, and/or local school district. In the event of an emergency, I do voluntarily authorize medical services to be administered and/or obtained for the above named-person as deemed necessary in medical judgment and in accordance with the above confidential information. I agree to indemnify and hold harmless the career and technical student organization (i.e. HOSA) and/or assistants and designees for any and all claims, demands, actions, rights of action, or judgments by or on behalf of the above named person arising from or on account of said procedures or treatment rendered in good faith and according to accepted medical standards.

I hereby absolve and release the school officials, the SD HOSA chapter advisors, SD HOSA, the host state, the conference staff and/or the University of South Dakota from any claims for personal injuries which might be sustained while he/she is en route to and from or during such SD HOSA sponsored activities providing that this agreement shall not apply to any injury arising out of sole negligence of the preceding parties.

I, parent/guardian, have read the state officer code of conduct and general guidelines associated with being a state officer. I understand that if the above named individual is not following the code of conduct or general guidelines, the above named individual may be dismissed as an officer.

Parent / Guardian Signature _____ Date _____

Officer Signature _____ Date _____

Keep one copy for yourself