

# 2022-2023 MICHIGAN HOSA STUDENT MEDICAL RELEASE



**DIRECTIONS:** Due to legal restrictions, it is necessary that all students, parents or guardians, and HOSA Advisors complete this form as a prerequisite for eligibility to attend any 2022-2023 HOSA Regional or State Leadership Conference. This form should be returned to the Chapter Advisor. For a printable copy of this form, visit [michiganhosa.org](http://michiganhosa.org).

## PLEASE TYPE OR PRINT ALL INFORMATION

Participant's Name _____	Parent/Guardian's Name _____
Home Address _____	Home Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Work Phone _____	Work _____
Student's Physician _____	Alternate Contact _____
Office Address _____	Home Phone _____
Telephone _____	Work Phone _____

Is student covered by group or medical insurance?  Yes  No

If yes, complete the following: Name of Insured \_\_\_\_\_

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

Completely describe any medical condition, which may recur or be a factor in medical treatment:

- a. Allergy \_\_\_\_\_
- b. Physical Handicap \_\_\_\_\_
- c. Convulsions \_\_\_\_\_
- d. Medicine Reactions \_\_\_\_\_
- e. Blackouts \_\_\_\_\_
- f. Disease of any kind \_\_\_\_\_
- g. Heart or Lung Problems \_\_\_\_\_
- h. Other (please be specific) \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of Medication(s) & Dosage \_\_\_\_\_

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

PARENT/GUARDIAN: Please check one of the following and sign your name.

I give 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 have been contacted.

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

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete. I understand that each individual is responsible for his or her own insurance coverage during this trip. I hereby release the State HOSA Industry Board of Directors, the State HOSA Staff and local HOSA associations, the Michigan Health Council, 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 or child's participation in or contact with any known element associated with an activity, including competitive events.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_