Maryland HOSA Forms

Medical Release Form

Each student attending a Maryland HOSA event must complete and submit a copy of this form to their advisor		
Event Name and Date **MARYLAND HOSA FALL LEADERSHIP CONFERENCE**		
Student Name		Date **November 14, 2026**
Home Address		
City		Zip Code
Home Phone	Cell Phone	Date of Birth
High School		School Phone
State Advisor		

AGREEMENT

This is to certify that the above-named student has my permission to attend the HOSA conference or event listed above. I also do hereby, on behalf of the above-named student, absolve and release the school officials, the HOSA chapter advisors, and the HOSA staff from any claims for personal injuries which might be sustained while he/she is in route to and from or during the event.

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

I have read and agree to abide by the Maryland HOSA Conduct Code. I also agree that the school officials, the HOSA chapter advisers, HOSA staff, or the Conference Conduct Committee, have the right to send the above-named student home from the activity at my expense, provided that in their opinion the seriousness of a Conduct Code violation warrants it.

MEDICAL INFORMATION

Known Allergies (drug or natural)	
Special Medications Being Taken	
History of heart condition, diabetes, asthma, epilepsy, etc.	Date of last tetanus shot
Any physical restrictions	
Personal Doctor	Doctor Phone

INSURANCE INFORMATION

Insurance Company	Policy Number
Coverage and Limitations	

SIGNATURES

Student Signature	Date
Parent or Guardian Signature (required for any member under age 18)	Date
State Advisor Signature	Date
Chapter Advisor Signature	Date

Maryland HOSA Forms

Code of Conduct Form

Each student attending a Maryland HOSA event must complete and submit a copy of this form to their local advisor. Advisors or chaperones attending the conference must keep a copy of this form at all times.

A good reputation enables us to take pride in our organization. As a participant at Maryland HOSA functions, you represent the whole organization. Maryland HOSA members have an excellent reputation of standards to uphold. Your conduct at any HOSA function must enhance the reputation that has already been established by Maryland HOSA. Please carefully read the following conduct code agreement and sign below.

1. I understand that my behavior at all times should be such that it reflects credit to my school and the organization. I agree to respect the rights of others in relation to myself, my manners, noise, language, and general conduct.

2. I agree to attend all competitive events, business meetings, workshops, and other scheduled activities on time and well prepared.

3. I agree to report any accidents, injuries, or illnesses to a Maryland HOSA designee immediately.

4. I agree to observe the designated curfew. (Curfew is described as being in your own assigned room and quiet by the designated hour.)

5. I agree not to deface or vandalize property, public or private, and understand that I will have to pay for any damages incurred by myself.

6. I agree not to purchase, consume or be under the influence of alcohol or drugs at any Maryland HOSA activity. No alcoholic beverages or non-prescribed drugs (including tobacco) shall be in my possession or consumed at any time while representing the Maryland HOSA organization.

7. I agree to dress neatly and appropriately for the occasion. I will be in professional HOSA attire for all meetings. (See specifics on conference dress code page).

8. I agree to be honest and not to take unfair advantage of others.

9. I understand that if I disregard the rules, I will be subject to disciplinary action and will be asked to return home at my own expense.

I have read the above Conduct Code rules and agree to abide by them.

Name (Print)	Signature	Date
Parent/Guardian (Print) (If under 18 years of age)	Signature	Date