**Wisconsin Association of HOSA-Future Health Professionals**

Student Member Delegate Code of Conduct

Regional Leadership Conference

The HOSA State Office requires that each delegate read the Student Delegate Code of Conduct. Each delegate must then submit a completed copy of the Student Authorization Form to their chapter advisor. **Chapter advisers provide all completed original forms to the HOSA State Office during check-in at the Regional Leadership Conference**. Copies of completed forms should be retained by the chapter advisor for use during the HOSA event.

1. The term “delegate” shall mean any HOSA member attending the conference.
2. There shall be no defacing of public property. Any damages to property or furnishings in the hotel rooms, building, or in the meeting/conference facilities must be paid by the individual or chapter responsible. Local chapters will be billed directly by the hotel or the meeting/conference site for any damages.
3. Delegates shall keep their advisors informed of their activities and whereabouts AT ALL TIMES. (Each local advisor should establish a system through which to meet this regulation and should share this information with students prior to attendance at the meeting/conference.)
4. Delegates will be prompt and prepared for all activities.
5. Delegates will be financially prepared for all possibilities.
6. No alcoholic beverages or controlled substances, narcotics, etc., in any form, shall be possessed or consumed by delegates at any time, under any circumstances.
7. No use of tobacco will be permitted at the general sessions, tours, special interest breakout sessions, lunch, or in public facilities.
8. Delegates shall not use their own cars or ride in vehicles belonging to others unless accompanied by an adult advisor.
9. Delegates **are required to attend** all general sessions, assigned events or meetings, and conference activities.
10. Identification badges will be worn at all conference events.
11. Appropriate professional business or competitive event attire is required.
12. Very casual clothing such as denim jeans, sweats, shorts, jerseys, cut-offs, pajama pants, T-shirts, and sport type attire cannot be worn at event functions.
13. Hats of any kind are not to be worn at any session, event or meal. Exceptions may be made if used appropriately such as use during a medical condition.
14. Delegates agree to conduct themselves in a professional and ethical manner at all times and follow the directives of official conference staff, other adult supervisors, and hotel staff.
15. Delegates who violate or ignore any of the conference rules may be asked to leave the event and wait at the registration area with the chapter advisor until the end of the day when the delegates return home. Parents, school officials and the state advisor will be notified.
16. Student delegates are responsible to follow their local school district rules of conduct.
17. Cell phone courtesy will be expected at all times. Students should turn off cell phones during sessions or events.

**Wisconsin Association of HOSA-Future Health Professionals**

**Participant Authorization Form**

Regional Leadership Conference

Directions: This form must be completed by each student delegate. Students may return completed forms to their chapter advisor. Chapter advisers provide all completed original forms to the HOSA State Office during check-in at the Regional Leadership Conference. Copies of completed forms should be retained by the chapter advisor for use during the HOSA event.

**Student Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(***print name***), an active HOSA member, have read and fully understand the HOSA Student Delegate Code of Conduct. I agree to follow these rules and am aware of the consequences that will result if I violate any of them. Furthermore, I understand and appreciate the importance of these rules for the success of the conference.

|  |  |
| --- | --- |
| Delegate Signature | Date Signed |
| HOSA Chapter Name or School |

**HOSA Advisor Authorization**

I certify that the HOSA member named on this form has been authorized to represent our chapter as a member at Leadership Conferences. This student has received information and instruction concerning the HOSA Student Code of Conduct prior to this event.

|  |  |  |
| --- | --- | --- |
| Advisor Name (print) | Advisor Signature | Date Signed |

**Parent/Guardian Authorization**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(***print name***), has my permission to participate in this HOSA event. I have read and understand the HOSA Student Delegate Code of Conduct. Furthermore, I have spoken with my child regarding these rules and the responsibility he/she has to abide by them. I agree that school officials, the chapter advisor(s), and/or the state HOSA staff have the right to remove my son/daughter from the activity if he/she violates the Code of Conduct or his/her conduct has become a detriment. I understand that my child may be photographed while attending this event, and give the Wisconsin Association of HOSA and host site permission to use such photographs for any lawful purpose such as publicity, illustration, advertising, and Web content.

I also authorize the advisor or state HOSA staff to secure the services of a physician or hospital and to incur the expenses for necessary services in the event of an accident or illness. I agree to pay for any and all costs incurred.

I understand that every effort will be made to supervise my child. **I release from liability** the Wisconsin Department of Public Instruction, the Wisconsin Association of HOSA-Future Health Professionals, the School District of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and any supervisory staff should an accident or injury occur to the above named child. This consent is valid with the exception of deliberate violation of the student’s constitutional rights or damage committed or injury incurred as a direct result of employees not acting within the scope of their employment.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name (print) | Parent/Guardian Signature | Date Signed |
| Daytime Phone # (area/number) | Cell Phone # (area/number) |
| Student Insurance Company Name | Student Policy Number |