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

**Local Advisor Procedures and Responsibilities**

**Regional Leadership Conference**

The HOSA State Office requires EACH local advisor who attends Leadership Conferences to **read, complete and return a copy of this form** to the HOSA State Office **during check-in at the Leadership Conference.**

1. Local advisors are responsible to have each student who attends Leadership Conferences read, discuss, sign and return the Student Delegate Code of Conduct form.
2. Local advisors are responsible to know the whereabouts of all their students at all times. The local advisor should establish a system through which to meet this regulation and should establish this system prior to attendance at the conference.
3. At Leadership Conferences, advisors must have a list of their students as well as all necessary contact information (i.e., home phone number, name(s) of parent/guardian).
4. Controlled substances, in any form, will not be consumed or in the possession of any student delegate at any time, for any reason.
5. An identification badge will be worn at all times for the duration of the conference.
6. Local advisors are responsible for the supervision of their student delegates and should be available to their students at all times.
7. The local district principal and/or designated administrator will be contacted in an emergency if the local advisor cannot be located within a reasonable amount of time or is unable to provide an adequate amount of supervision. Student emergencies include: an accident, possession of drugs or alcohol, violation of conference rules, family emergency, and any other situation designated as an emergency.

***I have read and fully understand the Leadership Conferences Local Advisor Procedures and Responsibilities and agree to comply with these.***

|  |  |  |  |
| --- | --- | --- | --- |
| Advisor Name (print) | Advisor Signature & Date Signed | | HOSA Chapter Name or School |
| Advisor Cell Phone | Advisor Insurance Company | | Advisor Insurance Policy Number |
|  | | | |
| **Advisor Emergency Contact Information** | | | |
| Name: | | Relationship of Individual to Advisor: | |
| Daytime Phone (area/number): | | Cell Phone (area/number): | |

**In an emergency, the following local administrators should be contacted:**

|  |  |
| --- | --- |
| **1st Contact** | **2nd Contact** |
| Name | Name |
| Title | Title |
| School Phone # (area/number) | School Phone # (area/number) |
| Cell Phone # (area/number) | Cell Phone # (area/number) |