

Wisconsin HOSA 2022 Fall Leadership Conference

Advisor & Chaperone Participant Authorization Form



Local Advisor/Chaperone Procedures and Responsibilities

The HOSA State Office requires EACH local advisor and any chaperones who attend the Fall Leadership Conference (SLC) to read, complete and return a copy of this form to the HOSA State Office at registration/check-in at FLC.

1. Local advisors/chaperones are responsible to have each student who attends the FLC read & discuss the HOSA Attendee Code of Conduct, and sign & submit each Student Participant Authorization Form.
2. Local advisors/chaperones are responsible to always know the whereabouts of all their students. The local advisor/chaperone should establish a system through which to meet this regulation and should establish this system prior to attendance at the conference.
3. Advisors/chaperones 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, advisor/chaperone, or guests at any time, for any reason.
5. An identification badge will always be worn for the duration of the conference.
6. Local advisors/chaperones are responsible for the supervision of their student delegates and should be always available to their students.
7. The local district principal and/or designated administrator will be contacted in an emergency if the local advisor/chaperone 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 an emergency.

I have read and fully understand the HOSA Fall Leadership Conference Local Advisor/Chaperone Procedures and Responsibilities and agree to comply with these.

Advisor/Chaperone Name (<i>print</i>)	Advisor/Chaperone Signature & Date	HOSA Chapter Name or School
Advisor/Chaperone Cell Phone	Advisor/Chaperone Insurance Company	Advisor/Chaperone Insurance Policy #

Advisor/Chaperone Emergency Contact Information

Name:	Relationship of Individual to Advisor/Chaperone:
Daytime Phone (<i>area/number</i>)	Cell Phone (<i>area/number</i>)

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

1 st Contact Name	2 nd Contact Name	
Title	Title	
School Phone (<i>area/number</i>)	School Phone (<i>area/number</i>)	
Cell Phone (<i>area/number</i>)	Cell Phone (<i>area/number</i>)	
School Principal Name (<i>print</i>)	School Principal Signature	Date Signed