**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 (*print*) | 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 (*area/number*) | | Cell Phone (*area/number*) | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Contact Name | | 2nd Contact Name | |
| Title | | Title | |
| School Phone (*area/number*) | | School Phone (*area/number*) | |
| Cell Phone (*area/number*) | | Cell Phone (*area/number*) | |
| School Principal Name (*print*) | School Principal Signature | | Date Signed |