

# HOSA, TA APPENDIX

Revised 2011

**This section contains:**

- HOSA Code of Conduct
- Advisor/Chaperone Code of Ethics
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- Nondiscrimination Statement
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## HOSA CODE OF CONDUCT

A good reputation enables members to take pride in their organization. HOSA members have an excellent reputation. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established. **HOSA Conference participants are AWARE THAT:**

1. HOSA follows the UIL rules and regulations established for secondary high schools.
2. STUDENT behavior should at all times be a positive reflection of your school, and HOSA, Texas.
3. Student conduct is the responsibility of the student and their advisor.
4. STUDENTS will abide by the HOSA Conference Attire Policy at all business sessions, general sessions, competitive events, and other conference activities. HOSA conference name badges shall be worn at all times when participating in HOSA conference activities.
5. STUDENTS are expected to attend all general sessions and other scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
6. STUDENTS shall keep their advisors informed of their activities and whereabouts at all times.
7. STUDENTS who disregard the rules will be subject to disciplinary action and will be sent home at their own expense. Parents will be notified.
8. STUDENTS may not purchase, consume, or be under the influence of alcohol or drugs at any time. Smoking or using tobacco products at a school-related or school-sanctioned activity on or off school property is prohibited at any time.
9. STUDENTS are to report any incidents, injuries or illness to their local or state advisor immediately.
10. STUDENTS are expected to observe the designated curfew. (Curfew is defined as being quietly in your own assigned room by the designated hour.)
11. The student and his/her parents will be expected to pay for any and all damage relating to student behavior which that results in loss or damage to property.
12. Students and/or parents will be responsible for any long distance phone calls, charges to the room, etc.
13. **I have read the above Code of Conduct for HOSA Conferences and agree to abide by the rules.**

I, \_\_\_\_\_, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and/or sound recordings for educational and promotional purposes on any delivery system.

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Printed Name of Parent /                      Guardian Parent / Guardian Signature                      Date

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Printed Name of Student                      Student's Signature                      Date

# HOSA, TA

## Advisor's and Chaperone's CODE OF ETHICS

**HOSA ADVISORS AND CHAPEONES ARE EXPECTED TO:**

1. Project a positive and professional image of Texas HOSA to all those with whom they interact.
2. Promote HOSA as a positive student experience; therefore, will act as a positive role model for students in dress, voice, attitude, actions, and demeanor.
3. Be accountable to and for their students in all HOSA-related activities.
4. Understand and follow established processes within the HOSA organization that protect the rights of all members.
5. **PERFORM** all assigned duties. Failure of an advisor to perform their duties may result in their chapter being disqualified from conference activities by the Board of Directors.

HOSA advisors are proud of the standard of excellence they maintain for themselves and their students. Attendance at any HOSA function implies acceptance and practice of these standards.

*I have read the above Code of Ethics for HOSA Advisors/Chaperones and agree to accept and practice these standards.*

Signature

Chapter number

Date

Please check one

Advisor

Chaperone

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Plan of Action: For failure to follow the Advisor/Chaperones Code of Ethics.

- Conference with the Board of Directors.
- Consequences to be determined by the Board of Directors, up to notification sent to the appropriate administrators.

I, \_\_\_\_\_, hereby grant Texas HOSA permission to make photographs, videotapes, broadcasts, and/or sound recording, separately or in combination, of me and permission to use the said photographs, videotapes, broadcasts, and /or sound recordings for educational and promotional purposes on any delivery system

\_\_\_\_\_  
Advisor signature/date

# MEDICAL LIABILITY RELEASE FORM



**DIRECTIONS:** Due to legal restrictions, it is necessary that all delegates, Chaperons, guest and HOSA advisors complete this form as a prerequisite for eligibility to attend any HOSA Leadership Conference. The HOSA chapter advisor should keep the original copy for Area and State Conferences. For National Conference, the original forms are sent to the State Advisor who forwards them to National HOSA.

**PLEASE TYPE OR PRINT ALL INFORMATION**

Delegate's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Delegate's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Local Advisor: \_\_\_\_\_

School Name: \_\_\_\_\_

Student is covered by group or medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, complete the following information:

Name of insured: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergy: \_\_\_\_\_

b. Physical Handicap: \_\_\_\_\_

c. Convulsions: \_\_\_\_\_

d. Medicine Reactions: \_\_\_\_\_

e. Blackouts: \_\_\_\_\_

f. Disease of any kind: \_\_\_\_\_

g. Heart or lung problems: \_\_\_\_\_

h. Other (Be Specific): \_\_\_\_\_

If currently taking medication, please provide the following information:

\* Name of medication: \_\_\_\_\_

\* Prescribing Physician and Phone Number: \_\_\_\_\_

**LIABILITY RELEASE:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release the National HOSA Board of Directors, the National Staff, State and Local HOSA Associations, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or my student/child's participation in or contact with any known element associated with an activity including competitive events.

**PARENT/GUARDIAN:** Please check one of the following and sign your name.

\_\_\_\_\_ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

\_\_\_\_\_ I do not give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(the above line is applicable for delegates under the age of 18 and must be signed by the parent or legal guardian.)*

Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_



### **HOSA, Texas Association**

It is the policy of Health Occupations Students of America, Texas Association not to discriminate on the basis of race, color, national origin, sex, or handicap in its programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

It is the policy of Health Occupations Students of America, Texas Association not to discriminate on the basis of race, color, national origin, sex, or handicap in its employment practices as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975, as amended; and Section 504 of the Rehabilitation Act of 1973, as amended.

## Compliance Statement

### **Title VI, Civil Rights Act of 1964; The Modified Court Order, Civil Action 5281, Federal District Court, Eastern District of Texas, Tyler Division**

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

- (1) Acceptance policies on student transfers from other school districts;
- (2) Operation of school bus routes or runs on a non-segregated basis;
- (3) Nondiscrimination in extracurricular activities and the use of school facilities;
- (4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;
- (5) Enrollment and assignment of students without discrimination on the basis of race, color, or national origin;
- (6) Nondiscriminatory practices relating to the use of a student's first language; and
- (7) Evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, U.S. Department of Education.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

### **Title VII, Civil Rights Act of 1964 as amended by the Equal Employment Opportunity Act of 1972; Executive Orders 11246 and 113275; Equal Pay Act of 1964; Title IX, Education Amendments; Rehabilitation Act of 1973 as amended; 1974 Amendments to the Wage-hour Law Expanding the Age Discrimination in Employment Act of 1967; Vietnam Era Veterans Readjustment Assistance Act of 1972 as amended; Immigration Reform and Control Act of 1991.**

The Texas Education Agency shall comply fully with the nondiscrimination provisions of all federal and state laws, rules, and regulations by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any educational programs or activities which it operates on the grounds of race, religion, color, national origin, sex, disability, age, or veteran status (except where age, sex, or disability constitutes a bona fide occupational qualification necessary for proper and efficient administration). The Texas Education Agency is an Equal Employment Opportunity/Affirmative Action employer.