



2018 Area 3 FALL LEADERSHIP CONFERENCE

DATE: September 13, 2018

TO: All Area 3 HOSA Advisors

FROM: Fall Conference Chairs:

Robin Herrington - rherrington@mckinneyisd.net

Aly Deal - adeal@mckinneyisd.net

SUBJECT: Fall Leadership Conference

The HOSA Area 3 Fall Leadership Conference will be held on Saturday, **October 20, 2018** at **McKinney Boyd High School, 600 North Lake Forest Drive, McKinney, TX 75071**. Fall Leadership Conference is open to **all HOSA students** wishing to attend.

Texas HOSA Fall Leadership Conference is an event for all prospective and current HOSA members as a motivational tool and to showcase the opportunities that HOSA offers.

Registration: All participants (students, advisors, and chaperones) must be registered using the on-line registration system.

<http://www.registermychapter.com/hosa/tx/fc>

Fees: Advisor \$15.00
Secondary Student \$15.00
Chaperone \$15.00

Registration deadline is October 5, 2018

Conference Registration Fees will be collected at Fall Conference On Site Check In

***Make all registration fees checks payable to HOSA, TA.
No PO's will be accepted.***

You are required to pay a registration fee for every student and advisor that you have registered on-line. No deletions or refunds will be made after the conference registration deadline.

If a chapter presents without payment, a personal check could be accepted. This check would be held for a period of two weeks to allow time for the chapter to receive payment from the school/district. In this case if a school/district check is received by the HOSA, TA accountant, within the two-week period, the first check will be returned to the individual that pays by mail. If another check is not received within the two-week period, the first check will be deposited. No cash will be accepted.

On Site Registration will be from 9:00am to 9:50am

The Opening General Session will begin at 10:00am

Appropriate Attire for this conference will be comfortable clothing. (HOSA pride t-shirts preferred).

Parking: In North parking lot of the school, follow the signs. Enter through the North doors, by the gymnasium.

Meals/Snacks: Pasta Buffet for lunch will be served with choice of Spiral Pasta, Marinara Sauce, Alfredo Sauce, Seasoned Diced Chicken, Caesar Salad and Garlic Bread. Water & tea is provided as well as a pay concession stand for optional drinks and snacks. Please bring cash if you would like to take advantage of the snack bar.

Message from Area 3 Officers

- Please send in pictures for the General Session slide show! Email them to: george.joanna@sunnyvaleisd.net
- Participate in the HOSA Service Project Fundraiser by bringing \$1.00 for your chance to "Duct Tape and Area Officer to the Wall!" to benefit the National Pediatric Cancer Foundation.
- Follow us on social media!
 - Instagram: @officialtxhosaarea3





2018 Area 3

FALL LEADERSHIP CONFERENCE

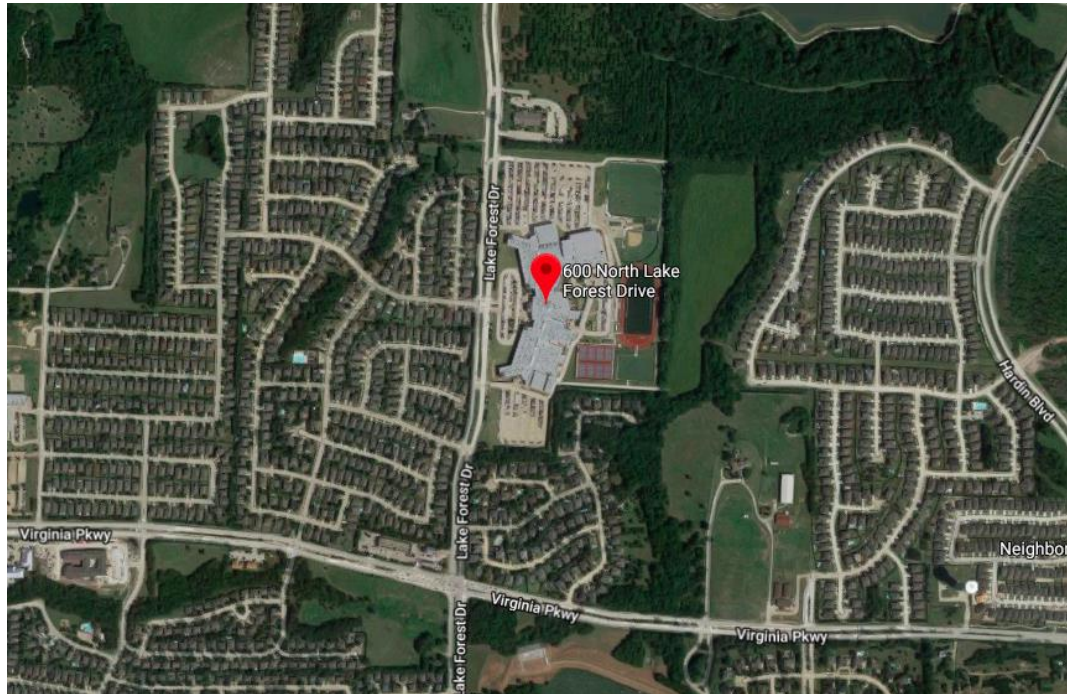
Tentative Agenda

| | |
|---------------|--|
| 9:00-10:00am | Check in (North Entrance, near gymnasium) |
| 10:00-10:40am | Opening Session (Auditorium) *Advisor Update in auditorium immediately following the Opening Session |
| 10:45-11:15am | Breakout Sessions #1 |
| 11:20-11:50pm | Breakout Sessions #2 |
| 11:55-12:55pm | Lunch |
| 1:00-1:30pm | Breakout Sessions #3 |
| 1:35-2:05pm | Breakout Sessions #4 |
| 2:10-2:30pm | Closing Session |

We will attempt to ensure all students attend each session however that may not be possible. Since HOSA is about Leadership and Education, the idea is to take the information presented today back to your home chapter and proceed to share the information in your HOSA meetings.

Sessions may include one or more of the following: HOSA AREA III Leadership Development presentations and activities, how to become a HOSA Officer, duties of HOSA Officers, community service opportunities including the National Pediatric Cancer Foundation as well as Be The Match, health care career exploration, etc...

You will receive a more detailed agenda upon arrival and check in to the conference



<https://goo.gl/maps/LBh9d8YdT8t>

McKinney Boyd High School
600 North Lake Forest Drive
McKinney, TX 75071

If coming **North on US 75** to McKinney, take exit toward Virginia Parkway. Turn left at the light and go west on Virginia Parkway. Turn right onto Lake Forest Drive and about half a mile on your right is the school. Go past the school to park in the North Parking where the Gymnasium is located.

Traveling **South on US 75** to McKinney, take exit toward Virginia Parkway. Take a right at the intersection light and proceed west to Lake Forest Drive, take a right at Lake Forest Drive and about half a mile on your right is the school. Go past the school to park in the North Parking where the Gymnasium is located.

Traveling either from the **West or the East on US 380**, turn south (right if Eastbound, left if Westbound) on Lake Forest Drive. Scott and White Baylor hospital is on the northeast corner of that intersection. Go about a mile and the school will be on your left. Park in the first large parking lot where the Gymnasium is located.

Traveling **East on TX-121 (Sam Rayburn) Highway**, exit at Lake Forest Drive and turn left at the light at the intersection going North. In approximately 5-6 miles you will pass the intersection of Virginia Parkway and Lake Forest, go through that intersection and about half a mile on your right is the school. Go past the school to park in the North Parking where the Gymnasium is located.

School: _____

Advisor: _____

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 Texas HOSA.
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 damages relating to student behavior which 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.

Printed Name of Parent / Guardian Parent / Guardian Signature Date

Printed Name of Student Student's Signature Date

HOSA, TA

Advisor's and Chaperone's CODE OF ETHICS

HOSA ADVISORS AND CHAPERONES 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
Please check one

Chapter number

Date

Advisor

Chaperone

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

School: _____

Advisor: _____

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: _____

Student is covered by group or medical insurance? No _____ Yes _____

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 must be signed by the parent or legal guardian, regardless of applicant's age with the exception of post-secondary applicants.)

Delegate's Signature _____

Date _____