



2019 Area 7

FALL LEADERSHIP CONFERENCE

DATE: November 2, 2019
TO: All Area 7 HOSA Advisors
From: Vivian Armstrong, Fall Conference Chair
Subject: Fall Leadership Development Conference

The Fall Leadership Development Conference will be held on Saturday, November 2, 2019 at Del Mar College WEST Campus in Corpus Christi, Texas.

The Opening Ceremony and registration/check-in will be at the Richardson Auditorium located on the EAST campus at 101 Baldwin Blvd. Conference is opened to **all** students wishing to attend.

Texas HOSA Fall Leadership Conference is an event for all prospective and current HOSA members. This is a great motivational tool and it showcases the opportunities that HOSA offers for students and advisors.

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
Middle and Secondary Students \$15.00
Chaperone \$15.00

Registration deadline is October 23, 2019

***Conference Registration Fees will be collected at Fall Conference ON Site
Check In at Del Mar Richardson Auditorium***

***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, advisor and chaperone that you have registered on-line. No deletions or refunds will be made after the conference registration deadline.

If a chapter presents without payments, 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 paid. If the school/district check is not received within the two-week period, the first check will be deposited. No cash will be accepted.

Itinerary:

Arrive at the Del Mar College EAST campus 101 Baldwin Blvd :

Onsite registration from 8:00 to 9:00 am- buses drop off on Ayers street

The Opening General Session follows at 9:05 am ending 10:00am

Load buses and travel to the Del Mar WEST Campus -20minutes including drop off.

Sessions start 10:30a till 12:15pm

Lunch 12:15-1:15pm

Sessions resume until 3:15p

All assemble in the Dome for closing ceremony ending

Conference ends at 4p

Appropriate Attire for this conference will be comfortable clothing.

HOSA school chapter t-shirts preferred. Closed-toe shoes-walking is involved

Parking: Drop off EAST Campus Richardson Auditorium Ayers street at Baldwin Blvd
Drop off WEST campus DOME off Old Brownsville Rd
Buses park EAST campus
WEST campus

Meals/Snacks: Jason's deli options are vegan, turkey, ham, or roast beef sandwich box with chips and cookie with bottled water

Message from Area 7 Officers

- Please send in pictures for the General Session slide show! Email them to txhosa7@gmail.com
- Participate in the Area 7 HOSA Service Project by purchasing a chance for \$0.50 to "Guess the Number of Candies in the Jar". The winning guess gets to keep the jar candies! All proceeds will benefit the National Pediatric Cancer Foundation. So, bring your change to FLC for a chance to win the candy jar!
- Follow us on social media!
 - Instagram: @officialtxhosa7. Tag us in your photos using #7TexasHOSA, or our FLC hashtag, #7marksthespot

Set up Remind, using the code TX HOSA Area 7, @txhosa

Area 7 FLC Detail Tentative Agenda

| | |
|---------------|--|
| 8:00- to 9:00 | Registration Check-In Del Mar East Campus Richardson Auditorium |
| 9:00 to 10:00 | Opening Ceremony with guest speaker |
| 10:00-10:15 | Break |
| 10:15-10:45 | Agenda at a glance with Dean of Health Sciences Jennifer Sramek Groups assigned color for session attendance |
| 10:45-11:15 | Reboard own buses and travel to Del Mar West Campus (Old Brownsville Rd) First color group starts lunch at 11:30- ALL groups while waiting participate in Games, and selfie stations. Others begin sessions/tours |
| 11:30-12:30 | Lunch |
| 12:45 -3:30 | Groups by color Breakout sessions. Student selected until maximum capacity of 20 students per 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 7 Leadership Development presentations and activities, some breakout session selection:

Nursing, Pharmacy Technician (Associates Degree), Surgical Technology, Medical Assisting, Dental Hygiene, Physical Therapy, Respiratory Technician, Dental Assisting, Health Information Technology, Occupational Therapy Assistant

Sessions with EMT-Paramedic or the combination Radiology/Diagnostic Medical Sonography/Echocardiography will be 20 minutes and reduce other occupation visits

Sessions with Student Leadership and Campus Life, Career Development and Discover DMC (Del Mar College) are provided for each group

Advisors or chaperones are needed to travel with groups.

School: _____

Advisor: _____

HOSA CODE OF CONDUCT

A good reputation enables members to take pride in their organization. Texas 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 Texas 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 must 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 or Texas HOSA sanctioned activity on or off school property or on conference site is prohibited at any time.
9. STUDENTS are to report any incidents, injuries or illness to their local or state advisor or state staff 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.) Curfew can be found in conference memo.
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

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 Texas 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 Texas 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.

Chapter number _____

School _____

Advisor _____

Signature

Date

Chaperone _____

Signature

Date

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, Chaperones, Guests 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.

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: _____

Student is covered by group or medical insurance? Yes, _____ (if yes, complete the following information) No _____

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 _____