



## 2021 Fall Leadership Conference

### Area 6

Date: September 8, 2021

To: All Area 6 Advisors

From: Dr. Andrea Smith [arsmith2@aldineisd.org](mailto:arsmith2@aldineisd.org)

Subject: Area 6 Fall Conference

Texas HOSA 2021 Area 6 2021 Fall Leadership Conference will be held on October 23, 2021, at Nimitz High School, 2005 W. W. Thorne Drive, Houston Texas 77073. Fall Leadership Conference is open to all HOSA students wishing to attend.

**\* MASK ARE MANDATORY AT ALL ALDINE ISD CAMPUSES AND BUILDINGS \***

Texas HOSA Fall Leadership Conference is an event for all current and future 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 online registration system. [apps.hosa.org](https://apps.hosa.org) Select your area

“Card”. Chaperones and students not yet affiliated will be registered as guest.

**Registration Deadline:** October 13, 2021

**Fees:**

Advisor: \$20.00

Secondary, Middle Student: \$20.00

Guest (chaperones and students not affiliated yet): \$20.00

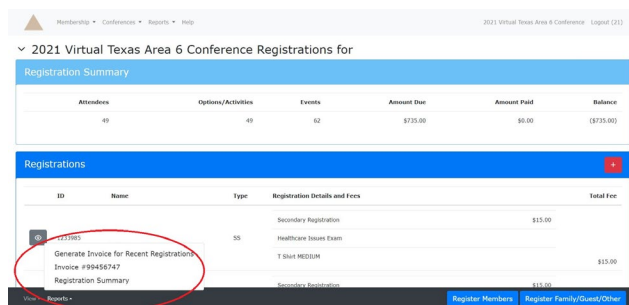
All Conference Registration fees will be collected at Fall Conference Onsite check-in.

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 online. No deletions or refunds will be made after the conference registration deadline.

**Generating your Invoice**

The invoice will not be automatically emailed to the advisor. HOSA Advisors should log in and print their own invoice. Please see the image below. If more students are added to the initial conference registration, a separate invoice for those added students should generated an updated invoice by the advisor.



**Onsite Check in:** 8:00am to 9:00am.

**Opening Session:** 9:05am

**Attire:** Appropriate attire for this conference will be comfortable clothing. (HOSA pride t-shirt preferred).

**Officer's Corner:** Lollipop Pull: Be sure to bring \$2.00 to participate in our Be the Match Lollipop Pull! Donate either one dollar or two, depending on the amount revealed. Of course, no dollar amount would be refused for this worthy cause!

**Parking:** Plenty of parking available

**Meals and Snacks:** Breakfast grab and go bags will be available. Lunch will be Jason Deli or Chick Fil A. Any dietary restrictions please email Dr. Andrea Smith [arsmith2@aldineisd.org](mailto:arsmith2@aldineisd.org)



## **Tentative Agenda**

9:05-10:00am	Opening Session (Auditorium)
10:00-10:35am	Session 1
10:40-11:15am	Session 2
11:20-12:30pm	Lunch / Session 3
12:35pm-1:10pm	Session 3 / Lunch
12:35-3:00pm	<b>Advisor Session</b>
1:15-2:00pm	Session 4
2:05pm-2:45pm	Closing Ceremony

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.



## COVID -19 Acknowledgment and Personal Responsibility Policy

There is no higher priority of Texas HOSA than the health, safety and well-being and of our members, staff, volunteers and community partners. As we closely monitor the COVID-19 pandemic, we continue to make decisions with this in mind. As part of Texas HOSA community we all have a responsibility to help protect each other. **Face Masks will be required to attend Fall Leadership Conference.**

According to the CDC, COVID-19 is primarily spread from person to person through respiratory droplets produced when coughing, sneezing or heavy breathing. Transmission is slowed by wearing a cloth face covering and/or maintaining a distance of at least 6 feet between people. In compliance with current CDC recommendations, local mandates and/or statewide protocol, all attendees of in person activities, meetings, conferences, gatherings and competitions sponsored by Texas HOSA or when representing Texas HOSA at public or school-based activities are asked to adhere to the following recommended guidelines:

- Seek medical attention, self-isolate and do not attend events if you are experiencing any of the following COVID-19 symptoms:
  - Fever (defined as a temperature greater than 100.4)
  - Shortness of breath
  - New loss of taste of smell
  - Chills, muscle pain or sore throat
  - New or worsened cough
  - Nausea, vomiting diarrhea
  - Runny nose or congestion
- Wear a cloth face covering at all times when in public areas.
- Be mindful of social distancing. Maintain a space of 6 feet between yourself and others if able.
- Wash your hands with soap regularly and frequently. If soap and water is not accessible, use hand sanitizer
- Practice proper cough and sneeze etiquette.
- If you have been in close contact with someone known to have COVID-19, self-isolate for 14 days.
- Disinfect surfaces throughout the day that are touched regularly.

Texas HOSA has implemented extensive preventative measures to help reduce the spread of COVID-19. However, Texas HOSA cannot guarantee that members and attendees will not be exposed or infected. Participants acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk and responsibility for exposure and infection.

I have read and understood Texas HOSA Acknowledgment and Personal Responsibility Policy and agree to adhere to the guidelines set forth. I understand that this Policy may be updated in accordance with changing CDC and local guidelines and will be updated accordingly.

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Parent/guardian Signature

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Date

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Student/Member Signature

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Date

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 always 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 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 always informed of their activities and whereabouts.
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

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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

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 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. Allergies: \_\_\_\_\_
- 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 except for post-secondary applicants.)

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