



## 2022 Fall Leadership Conference

### Area 2



Date: September 5, 2022

To: All Area 2 Advisors

From: Monique Taylor, [Monique.taylor@houstonisd.org](mailto:Monique.taylor@houstonisd.org)

Subject: 2022 Area 2 Fall Conference

The HOSA Area 2, 2022 Fall Leadership Conference will be held on **October 22, 2022**, at **Westside High School**, 14201 Briar Forest Dr, Houston, TX 77077. Fall Leadership Conference is open to all HOSA students wishing to attend.

Texas HOSA Fall Leadership Conference is an event for all 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 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. All participants must be affiliated to register for conference.

**Registration Deadline: October 12, 2022**

**Fees:**

Advisor: \$20.00

Secondary, Middle Student: \$20.00

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

Fees Due: October 19, 2022

All Conference Registration fees will be **Mailed** to



**Texas HOSA  
P. O. Box 640  
Monahans, Texas 79756**



**Fees:**

Advisor: \$20.00

Secondary, Middle Student: \$20.00

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

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.

**Onsite Check in:** 8:00 am to 9:15 am.

**Opening Session:** 9:15 am.

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

**Parking:** Buses will park in the bus parking lot located at the front of the school (next to the horseshoe). Additional parking located behind the school. Use Briar Home Drive to access additional parking.

**Meals and Snacks:**

Lunch- Chick-fil-a sandwiches.

For dietary restrictions, please contact Joshua Tallerine at [joshua.tallerine@houstonisd.org](mailto:joshua.tallerine@houstonisd.org)

**Officer Corner:**

Area 2 color is Navy

This year, Area 2 will be two-stepping into excellence with engaging activities and guest speakers. What engaging activities will this wonderful conference entail? Well, for one, a two-step, of course. And, after the HOSA members of area 2 are allowed to loosen their muscles and get their blood flowing, they will have the opportunity to participate in a Medical Shark Tank where the innovative Future Health Professionals of Area 2 may sell their best pitch of tomorrow's medicine.

The fun of course will not stop there. During the conference, members can participate in a Carnival Games by purchasing tickets to play any game of their choice. All proceeds will be donated to Be the Match, this year's HOSA Service Project. Additionally, A Be the Match Advocate will also be present to share other ways we can support Be the Match.

All members are encouraged to engage with Area 2 via our Instagram, [hosaarea2texas](#), by sending in their pictures to be featured at the conference and throughout our social media outlets.

Lastly, Area 2 will be awarding the Spirit Stick at the closing session! Schools are encouraged to be dressed in their best western attire to show their HOSA spirit and their excitement while they two-step into excellence!

We look forward to seeing you at the conference!



## Tentative Agenda

8:00 – 9:15am	Registration
9:15 – 10:00 am	Opening Session (Auditorium)
10:10 – 10:40 am	Session 1
10:45-11:15 am	Session 2
11:20 – 11:50 am	Session 3
10:45 – 11:45 am	<b>Advisor Session</b>
11:50 – 12:55 pm	Lunch
1:00 – 1:30 pm	Session 4
1:35-2:20 pm	Carnival/ Panel
2:25-2:45 pm	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.

Sessions may include one or more of the following: How to become a HOSA officer, Team building, Pharmacy, College Readiness, Athletic Training, Medical Doctor panel, and many more!

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

\*\*\*\*\*

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 \_\_\_\_\_