



## **2018 Area 5 FALL LEADERSHIP CONFERENCE**

DATE: August 30, 2018

TO: All Area 5 HOSA Advisors

FROM: Fall Conference Chair

SUBJECT: Fall Leadership Development Conference

The HOSA Area 5 Fall Leadership Conference will be held on **October 27th, 2018** at **Waco High School**. 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 15<sup>th</sup>, 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 10:00am.

The Opening General Session will begin at 10:00am.

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

***Parking:*** Parking is available in the front and rear of the building.

***Meals/Snacks:*** A boxed sandwich lunch will be served for each participant registered. Choices will be from the following options: Turkey, Ham, or Veggie. Make sure to make your meal selection for every attendee on the registration system.

### *Message from Area 5 Officers*

- Participate in the HOSA Service Project Fundraiser by bringing your spare change for the **"Make a Change Challenge"** to benefit the National Pediatric Cancer Foundation.
- Follow us on social media! Be sure to submit pictures for the General Session Slide Show.
  - Instagram: @officialtxhosaarea5
  - Twitter: @txhosaarea5





# 2018 Area 5

## FALL LEADERSHIP CONFERENCE

### Tentative Agenda

9:00-10:00am	Check in
10:00-11:00am	Opening Session (Auditorium)
11:00-11:40am	<b>Session 1</b>
11:45-12:25pm	<b>Session 2</b>
12:30-1:30pm	Lunch
1:35-2:15pm	<b>Session 3</b>
1:35-3:00pm	<b>Advisor Session</b>
2:20-3:00pm	<b>Session 4</b>
3:10-4:00pm	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: HOSA AREA V Leadership Development presentations and activities, how to become a HOSA Officer, Social Media Etiquette, Meditation therapy, Community Service, Work/School/Life Balance, Importance of Communication, Health Career Options, Carter Blood Care – Importance of Donation, etc.

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.

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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 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. Allegry: \_\_\_\_\_
- 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 \_\_\_\_\_