



MEDICAL INFORMATION FORM

For all HOSA events

2026-2027

This form MUST be returned with the membership form to your Chapter Advisor.

Student Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____

City: _____ **Zip Code:** _____

Cell Phone: (_____) _____ **Other phone:** (_____) _____

Mother/Guardian Name: _____

Workplace: _____ **Phone:** (_____) _____

Cell phone: (_____) _____

Father/Guardian Name: _____

Workplace: _____ **Phone:** (_____) _____

Cell phone: (_____) _____

Other Emergency Contact: _____ **Phone:** (_____) _____

STUDENT MEDICAL INFORMATION [Check only if condition(s) are present or recurring]. Failure to disclose a medical condition that could be life-threatening or interfere with conference activities may result in dismissal of the student.

_____ Diabetes _____ Asthma _____ Heart Condition
_____ Hemophiliac _____ Epilepsy/Seizures _____ Other (please explain below)

If any of the above conditions are checked, please explain. _____

Allergies: _____

Is student on any type of medication? ____ Yes ____ No May student self-medicate? ____ Yes ____ No

If yes, what medication and dosage (in the case of an emergency, this form will be given to medical attendant; all medications must be disclosed). _____

I understand that if this form is not received by the chapter advisor, the student will not be eligible to attend any HOSA events. In case of an accident or any health emergency during events, I hereby authorize the School District or Louisiana HOSA representative to make whatever arrangements are necessary and to contact me or listed adults immediately. I authorize trained personnel to render treatment deemed necessary in case of an emergency and for medical information to be shared with appropriate personnel. I understand that it remains my responsibility to make any future information changes on this medical information form, by contacting the chapter advisor or Shirlene Bender (Louisiana HOSA State Advisor), at 337-371-5974. Otherwise, this authorization remains in effect as of this date until program completion at the end of the school year. Neither Louisiana HOSA, Louisiana HOSA Board of Directors, National HOSA, school, nor school district assumes responsibility for any medical charges including emergency transportation.

Parent's or Guardian's Signature

Date

Print Parent Name

Advisors: Please Keep this form for the entire year; bring this form to all HOSA events.