

Wisconsin HOSA 2025 Fall Leadership Conference

Advisor & Chaperone Participant Authorization Form



Local Advisor/Chaperone Procedures and Responsibilities

The Wisconsin HOSA State Office requires EACH local advisor and any chaperones who attend the Fall Leadership Conference (FLC) to **read, complete and return a copy of this form to the Wisconsin HOSA State Office at registration/check-in at Fall Leadership Conference.**

1. Local advisors/chaperones are responsible to have each student who attends the FLC read and discuss the HOSA Attendee Code of Conduct, and sign and submit each Student Participant Authorization Form.
2. Local advisors/chaperones are responsible to always know the whereabouts of all their students. The local advisor/chaperone should establish a system through which to meet this regulation and should establish this system prior to attendance at the conference.
3. Advisors/chaperones must have a list of their students as well as all necessary contact information (i.e., home phone number, name(s) of parent/guardian).
4. Controlled substances, in any form, will not be consumed or in the possession of any student delegate, advisor/chaperone, or guests at any time, for any reason.
5. An identification badge will always be worn for the duration of the conference.
6. Local advisors/chaperones are responsible for the supervision of their student delegates and should be always available to their students.
7. The local district principal and/or designated administrator will be contacted in an emergency if the local advisor/chaperone cannot be located within a reasonable amount of time or is unable to provide an adequate amount of supervision. Student emergencies include: an accident, possession of drugs or alcohol, violation of conference rules, family emergency, and any other situation designated an emergency.

I have read and fully understand the Wisconsin HOSA Fall Leadership Conference Local Advisor/Chaperone Procedures and Responsibilities and agree to comply with these.

Advisor/Chaperone Name (<i>print</i>)	Advisor/Chaperone Signature & Date	HOSA Chapter Name or School
Advisor/Chaperone Cell Phone	Advisor/Chaperone Insurance Company	Advisor/Chaperone Insurance Policy #

Advisor/Chaperone Emergency Contact Information

Name:	Relationship of Individual to Advisor/Chaperone:
Daytime Phone (<i>area/number</i>)	Cell Phone (<i>area/number</i>)

In an emergency, the following local administrators should be contacted:

1 st Contact Name	2 nd Contact Name	
Title	Title	
School Phone (<i>area/number</i>)	School Phone (<i>area/number</i>)	
Cell Phone (<i>area/number</i>)	Cell Phone (<i>area/number</i>)	
School Principal Name (<i>print</i>)	School Principal Signature	Date Signed