



## MONTANA HOSA: FUTURE HEALTH PROFESSIONALS STUDENT LIABILITY RELEASE FORM

**Montana HOSA: Future Health Professionals** requires parental permission before a student is released to be under the supervision of Montana HOSA staff and/or travel with Montana HOSA staff. If you would like your child to participate in this event, please read and sign.

Your child will be participating in:

Event \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Departure time \_\_\_\_\_ Arrival time \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Immediate on-site supervisor \_\_\_\_\_ Position \_\_\_\_\_

LIABILITY RELEASE. I certify that the information 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 Montana HOSA Board of Directors, the Montana HOSA Staff, State, and any designated individual in charge of the Montana 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.

The phone number to be used in the event that unforeseen circumstances arise, information needs to be relayed about an emergency, itinerary has changed, etc. \_\_\_\_\_

Name of contact \_\_\_\_\_

Does your child have a medical condition which Montana HOSA should be aware of before allowing your child to participate? \_\_\_\_\_

Birth date of student \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Applicable for students under the age of 18 and must be signed by the parent or legal guardian.)

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

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_