

Due to Mrs. Reed by April 15<sup>th</sup>

Series 2000: Instruction

Field Trip Form - 2320F2e

**FIELD/ACTIVITY TRIP - PARENT/GUARDIAN PERMISSION FORM**

**ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE**

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Field Trip Destination Houston, TX Purpose HOSA International Leadership Conference

I hereby give permission for \_\_\_\_\_ who attends Skyline HS  
(Print Student's Name) (School Name)

to participate in a field trip on (date(s)) 6/25-6/30/2024 Time involved: From AM (TBD) To PM (TBD)

Type of Transportation:

- District Vehicle by district staff
- District is not providing transportation. Parents arrange transportation for their student to SeaTac Airport
- Private Vehicle by District staff
- Private Vehicle by Volunteer/Parent (volunteer driver checklist on file)
- Other (e.g. - walk, metro bus, air, train) Description: Plane, busses chartered by HOSA, walking

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Student Birthdate \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Medical conditions, medication information or allergies the district should be made aware of:

\_\_\_\_\_ I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

I understand that all school and District policies are in effect on this trip.  
I understand that this is a school sponsored activity and is governed by the regulations and procedures of the Issaquah School District.

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits, or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the Issaquah School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury. My child has medical/accident insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

[To be completed by ISD staff] Required attachments checked below:  
Extended Trip Itinerary YES Challenge/Ropes Course Release NO Water Activity Release NO

Being fully informed as to these risks, I hereby consent to my child participating in this Field Trip.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ Work/Daytime Phone \_\_\_\_\_

NOTE: In signing & submitting this form, parent/guardian agrees to pay their student's share of the travel expenses should the student no longer be able to attend for any reason.

Series: 2000: Instruction

Regulation  
Form-2320F8

**ISSAQUAH SCHOOL DISTRICT  
WATER ACTIVITIES - PARENT/GUARDIAN PERMISSION FORM**

**ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE**

This form is an addendum to the Field/Activity Trip Permission Form (Form 2320F1).

As a parent or guardian of a student requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Field Trip Destination: Houston, TX Purpose: HOSA ILC

I hereby give my permission for \_\_\_\_\_ who attends Skyline HS.  
(Student's Name) (School Name)

to participate in a Field Trip on: 6/25 - 6/30/24  
(Date)

Water Activity/Pool Guidelines – Please read and explain these **WATER SAFETY GUIDELINES** to your student:

- **Never enter the water without a certified lifeguard in the water activity/pool area.**
- **Do not run while on the pool deck.**

As an **optional** part of this field trip, water activities and/or a public swimming pool with lifeguards will be made available for his/her use. Every reasonable measure of safety will be provided for your child, but you need to be advised that this activity is **optional**. Although there will be certified lifeguards on duty, there are certain inherent risks involved in swimming/water activities, including the possibility of death, drowning, paralysis, serious physical injury, impairment of student's future ability to earn a living or to generally enjoy life.

I hereby assume all the risks normally associated with swimming/water activities and agree to hold the Issaquah School District, its employees, agents, representatives, coaches, and volunteers harmless from any demands, claims or action. I also agree that the aforementioned shall not be liable for any accident or injury or be responsible for payment of any bills for medical services resulting from the student's participation in this water/swimming activity. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Please indicate, by signature below that you and your child understands the risks involved and **agree or decline participation in the water activities.**

**AGREE:** Being fully informed about the Water Safety Guidelines and the risks mentioned in the paragraphs above, I hereby consent to the student named above participating in the Water/Swimming Activity.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLINE:** By signature below, I specifically request that the student named above *does not* participate in the Water Activity.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Liability Release Form

**DIRECTIONS:** Due to legal restrictions, it is necessary that **all** delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend the HOSA International Leadership Conference. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. In turn, the HOSA State Advisor will make a copy for his/her files and mail the original forms to HOSA-Future Health Professionals. Please check with your state advisor for the state due date, which will be prior to May 15.

**PLEASE TYPE OR PRINT ALL INFORMATION**

*Delegate Parent/Guardian*

Delegate Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Cell# \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian/Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_

Local Advisor Cheryl T. Reed School Name Skyline High School

Student is covered by group or medical insurance \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

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. Allergies \_\_\_\_\_ e. Physical Handicap \_\_\_\_\_

b. Convulsions \_\_\_\_\_ f. Medicine Reactions \_\_\_\_\_

c. Blackouts \_\_\_\_\_ g. Disease of any kind \_\_\_\_\_

d. Heart/lung problems \_\_\_\_\_ h. Other (Be specific) \_\_\_\_\_

If currently taking medication, please provide the following information:

Name of medication \_\_\_\_\_ Physician/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 HOSA, Inc. Board of Directors, the HOSA-Future Health Professionals 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 \_\_\_\_\_

(Applicable for delegates under the age of 18 and must be signed by the parent or legal guardian)

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

Advisor's Signature Cheryl T. Reed Date 4/3/24

School Skyline High School

# HOSA Consent and Conduct Form

A good reputation enables members to take pride in their organization. HOSA members have earned an excellent reputation over the years. Your conduct at any HOSA function should make a positive contribution to the reputation that has been established.

1. Member behavior during the ILC reflects credit to you, your school/college, your state and HOSA.
2. Member conduct is the responsibility of the chapter advisor. Keep your chapter advisor informed of your activities and location at all times. HOSA ILC name badges shall be worn during all HOSA functions. Do not leave your hotel room without your name badge.
3. Members are expected to attend all general sessions and all scheduled conference activities. Please be prompt and show respect to those in the audience and on stage.
4. Members are to report any accidents, injuries or illnesses to their local or state advisor immediately.
5. Members are expected to observe the designated curfew. (Curfew means that each person must be in their room by the posted curfew.)
6. Members responsible for stealing or vandalism, each member and his/her parents will be expected to pay any and all damages.
7. Members attending the International Leadership Conference (ILC) may not purchase, consume or be under the influence of alcohol or drugs at any time. Violators will be subject to stringent disciplinary action.
8. The ILC is a non-smoking conference. Smoking is only allowed in designated areas. Show respect to roommates.
9. Members who disregard the rules will be subject to disciplinary action and will be sent home at their expense. Parents and school/college administrators will be notified.
10. Any long distance phone calls, charges to the room, etc. will be the responsibility of the member and/or parents.
11. Members are to abide by the ILC Attire Policy at all business sessions, general sessions, competitive events and other ILC activities.
12. As a member attending the International Leadership Conference (ILC), permission is granted to make photographs, videotapes, broadcasts, and/or sound recordings, separately or in combination, available for reproduction for educational and promotional purposes by HOSA.
13. Members attending the ILC are granted permission to participate in the Stop-the-Bleed educational research conducted by the National Center for Disaster Medicine and Public Health and endorsed by HOSA-Future Health Professionals. This study will not collect personally identifiable information except your name. At the end of the study, you will be asked about basic demographic information that will not be linked to you in any way. You will not be exposed to any hazardous materials, chemicals, medications or body fluids. There is no risk of personal injury that is greater than participating in normal daily activities. You will not be required to move/lift anything greater than 20 pounds and no part of this study will require strenuous physical activity. There is no compensation for participating in this study. Participation is totally voluntary. You may choose to stop participating at any point by informing your observer. The purpose of this study is to evaluate students' ability to learn and perform bleeding control techniques.
14. Members participating in the Academic Testing Center are granted permission to take the academic tests. (Applicable for delegates under the age of 18 and must be signed by a parent or legal guardian.)

**GENERAL SESSION PROTOCOL:** The general sessions should be enthusiastic but delegates must not be rude or obnoxious to those in the audience or on stage. It is important to remain seated until the end of the session. States that do not adhere to general session protocol will be asked to send a representative to a special meeting of the HOSA Executive Council.

**I understand and will adhere to HOSA's Dress Code Policy for all general sessions and for social activities. I have read the Code of Conduct for the HOSA ILC and agree to abide by these rules.**

Name of Student \_\_\_\_\_  
*Print Name*
*Signature*
*Date*

Parent/Guardian \_\_\_\_\_  
*Print Name*
*Signature*
*Date*

School Official: Cheryl J. Reed *Cheryl J. Reed* 4/3/24  
*Print Name*
*Signature*
*Date*



**COVID DISCLOSURE AND RELEASE  
ACTIVITY PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC**

Student Name: \_\_\_\_\_

School: Skyline High School Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Activity/Sport//Event/Field Trip: HOSA International Leadership Conf.

**COVID-19 NOTICE FROM ISSAQUAH SCHOOL DISTRICT ("DISTRICT")**

The novel coronavirus ("COVID-19") has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. COVID-19 is reported to be highly contagious and spread easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in this Activity/Sport/Event/Field Trip ("Activity"), you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, singing, choir, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT**

**Assumption of Risk for COVID-19:** I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to myself arising out of my child's participation in this activity.

**Waiver of Liability/Hold Harmless:** By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the District and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.



# COVID Disclosure and Release Activity Participation Form Addendum

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*I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.*

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Student at least 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date