

Colorado HOSA Verification Statement

VERIFICATION STATEMENT

This is to acknowledge I have read and understand the HOSA Policies and Procedures,
Code of Conduct and Conference Dress Code.

School Name

(Student Printed Name)

(Student Signature)

(Date)

(Parent/Guardian Printed Name)

(Parent/Guardian Signature)

(Date)

(Adviser Printed Name)

(Adviser Signature)

(Date)

One purpose of this form is to show that the parent(s)/guardian(s) grant permission for the student to attend the conference. It also allows for emergency medical treatment if a parent/guardian cannot be reached. The adviser must have in his/her possession an Authorization/Medical Release Form for each dues paid member dated for the entire current school year. Also, a separate medical release form is required for each adviser and guest attending each function.

Suggested Documentation for Travel From the insured guardian

- Full legal name
- Date of birth
- Home address of insured
- Driver License Number – Or Copy of License
- Insurance Member ID
- Copy of Insurance Card