



## Missouri HOSA Chapter Assurance Form

The Missouri HOSA members of \_\_\_\_\_ Chapter from \_\_\_\_\_ School District, along with their parents/guardians, have read and completed the 2019-2020 Medical Liability Release and Code of Conduct forms. These forms were received by the HOSA Local Chapter Advisor and will be kept on file at the school district. The HOSA Local Chapter Advisor will carry a copy of these forms with him/her at all HOSA events.

In addition, we certify that all staff provided by the school district attending any HOSA event have completed and passed a Criminal Background Check and are in good standing at the school district.

_____	_____	_____
(Local Chapter Advisor Printed Name)	(Local Chapter Advisor Signature)	(Date)
_____	_____	_____
(School Administrator Printed Name)	(School Administrator Signature)	(Date)

This form is to be submitted for each HOSA event by the advertised due date. Local Chapter Advisors will not be allowed to register their chapter onsite without submission of this form.

**DO NOT SEND INDIVIDUAL FORMS TO THE STATE. INDIVIDUAL FORMS MUST BE IN POSSESSION OF THE LOCAL CHAPTER ADVISOR.**