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**Delaware HOSA-Future Health Professionals**

**2019 State Leadership Conference**

**Advisor Registration**

I certify that the following forms have been completed for each student attending the 2019 HOSA- Future Health Professionals State Leadership Conference held at the University of Delaware STAR campus on April 2-4, 2019.

* **Permission and Medical/Emergency Treatment**
* **Authorization for Photo Release**

(Please list the student(s) name(s) below where

permission has not been granted)

* **Advisor Background Check Verification**

**Advisor School**

**Advisor School**

**Advisor School**

**Advisor School**

The parent(s)/guardian(s) of the student(s) listed do not grant permission to the

Delaware Department of Education to use their child’s picture for publication.

**Any pre-existing medical conditions need to be brought to the HOSA State Advisor or Program Manager’s attention prior to the State Leadership Conference.**

**Advisors should retain original permission slips, medical forms and the UD Photo Release Form.**

**Advisors are required to submit the Advisor Background Check Verification form**

**at registration**