

Nevada HOSA STATE TRAVEL FORM

TO BE COMPLETED PRIOR TO TRAVELING FOR ANY STATE OFFICER MEETING/ASSIGNMENT:

Student Name: _____ Phone: _____

School Name: _____ Phone: _____

School District _____ Date of Event: _____

Meeting/Assignment Description: _____

All students must adhere to their local school district's student travel policy and procedures. The Nevada Department of Education and Nevada HOSA are NOT liable for State Officers during travel.

Initial each of the following that apply:

____ The above named student may drive herself/himself to the above function as part of her/his official responsibilities.

____ The above named student will be transported to the above function as part of his/her official responsibilities by means of ____ parents and/or ____ public transportation.

____ The above named student will be allowed to ride with representatives of the Nevada HOSA State Leadership Team during the above function as part of her/his official responsibilities.

I agree to adhere to the above named school district policies while serving as a State Officer.

State Officer Signature

Date

I agree to allow my child to use the above named mode(s) of transportation and give permission for my child to attend this meeting. I do hereby, on the behalf of the above named student, absolve and release school officials, HOSA chapter advisors, and HOSA state staff from any claims for personal injury which might be sustained while he/she is in route to and from and during the HOSA sponsored activity.

Parent or Guardian Signature

Date

As the school official, I am aware that this student will be absent on the above dates in his/her capacity as a State Officer.

School Administrator Signature

Date