

APPENDIX D

**NATIONAL HOSA COMPETITIVE EVENTS
INDIVIDUAL ORIENTATION PROXY FORM**

(To be completed prior to arrival and submitted by Competitor Representative at specified orientation session.) Reference: "General Rules and Regulations," #6 National HOSA Handbook, Section B.

Name of Competitive Event: _____

Name of HOSA student member
registered for this event: _____

Name of person (fellow student, advisor, parent, etc.) to attend the orientation representing
student competitor: _____

Title/Relationship: _____

Reason for absence of competitor (attach appropriate documentation):

_____ Entry in a Recognition event that orientation conflicts with another competitive
event.

_____ Illness, verified by physician.

_____ Employment commitment, verified by employer.

_____ School or state national examination, verified by administrator.

_____ Essential family or personal commitment, verified by parent/guardian or other
responsible family member.

_____ Other (Specify)

Signatures Required

Competitor: _____

Parent/Guardian (if minor): _____

State HOSA Advisor
or designee): _____

Other Signatures (if applicable to reason for absence):
School Administrator: _____

Physician: _____

Other: _____