

**DO NOT FAX.**

# FUTURE BUSINESS LEADERS OF AMERICA

## Adviser/Guest/Chaperone Emergency Form

Return form by USPS to:  
**Mr. Bruce E. Boncal**  
PA FBLA Executive Director  
P.O. Box 5085  
Jersey Shore, PA 17740  
**Deadline: October 9, 2008.**

**Please Note:** It is the responsibility of the local chapter adviser to submit an emergency form for each adviser/guest/chaperone attending the PA FBLA State Leadership Workshop. The form must be sent to the **PA FBLA Executive Director** postmarked **no later than October 9, 2008**. If an adviser fails to submit the emergency form(s) by the deadline, the adviser and the school's principal will be notified that the chapter will not be able to attend the PA FBLA State Leadership Workshop.

This form is submitted by \_\_\_\_\_, who is attending  
**name**

the **PA FBLA State Leadership Workshop** held at the **Penn Stater Conference Center Hotel,**  
**activity** **location**  
**State College, Pennsylvania** on **October 26-27, 2008**.  
**location** **dates**

Participant's Home Street Address \_\_\_\_\_  
Participant's Home City/State/Zip \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School Name \_\_\_\_\_

## EMERGENCY INFORMATION

I/we authorize the emergency management/medical staff or other responsible adult to take the above-named adviser/guest/chaperone to a physician or emergency room of a hospital and to incur expenses for necessary services and realize payments of these costs is my/our responsibility.

Name of Emergency Contact Person \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_  
Family Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_  
List Medications the Adviser Is Taking \_\_\_\_\_  
List Any Other Medical Requirements \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Plan Number/Group Number \_\_\_\_\_

\_\_\_\_\_  
**Adviser/Guest/Chaperone Signature**

\_\_\_\_\_  
**Date**