

DO NOT FAX FORM.

Return form using USPS to:
Mr. Bruce E. Boncal
PA FBLA Executive Director
P.O. Box 5085
Jersey Shore, PA 17740
Deadline: March 15, 2010

FUTURE BUSINESS LEADERS OF AMERICA Adviser/Guest/Chaperone Emergency Form

Please Note: It is the responsibility of the local chapter adviser to submit an adviser emergency form for each adviser attending the PA FBLA State Leadership Conference. The form must be sent to the **PA FBLA Executive Director** postmarked **no later than March 15, 2010**. If an adviser fails to submit the adviser 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 Conference.

This form is submitted by _____, who is attending
name

the **PA FBLA State Leadership Conference** held at the **Hershey Lodge & Convention Center,**
activity **location**
Hershey, Pennsylvania on **April 12-April 14, 2010**
location **dates**

Participant's Home Street dress _____
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 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**