

DO NOT FAX FORM.

FUTURE BUSINESS LEADERS OF AMERICA Student Permission/Emergency Form

Return form by email in PDF format to:
Mr. Bruce E. Boncal
PA FBLA Executive Director
bboncal@pafbla.us
Deadline: March 17, 2015
DO NOT mail the forms.

Please Note: It is the responsibility of the local chapter adviser to submit one signed parent permission form for each student attending the PA FBLA State Leadership Conference. The signed parent permission form must be **emailed as a PDF file** to the **PA FBLA Executive Director** **emailed as a PDF file no later than March 17, 2015**. If an adviser fails to submit the student permission form(s) by the deadline, the adviser and the school's principal will be notified that the chapter and/or student may not be able to attend the PA FBLA State Leadership Conference. The submission of the forms is a safety issue; copies of forms are kept in the HQ office in the event of an emergency and provided to first responders, medical personnel, and law enforcement agencies, if necessary. The information on the forms is kept confidential, and the forms are destroyed after the FBLA event. A copy of the information is returned to advisers at the State Leadership Conference.

Event Information: PA FBLA State Leadership Conference April 13-15, 2015 (early arrivals could include April 11 and 12)	Location: Hershey Lodge (and overflow hotels) 325 University Drive Hershey, PA 17033 717.533.3311
---	--

School Name: _____
Participant's Full Name: _____
Participant's Home Street Address: _____
Participant's Home City/State/Zip: _____
Participant's Cell Phone: _____ Participant's Home Phone: _____
Date of Birth: _____ Participant's Grade Level: _____
Parent/Guardian's Full Name(s): _____

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: _____ Work Telephone: _____ Cell Phone: _____
Family Physician Name: _____
Physician Phone Number: _____
Insurance Company Name: _____ Plan #/Group #: _____

You may voluntarily provide the following information to assist first responders, medical professionals, and law enforcement:

List Medications the Student Is Taking: _____

List Any Other Medical Requirements/Conditions: _____

We have read and agree to abide by the Pennsylvania FBLA Delegate Code of Conduct as supplied by the local chapter adviser and found in the Pennsylvania FBLA Policy/Leadership Handbook or on the PA FBLA web site (www.pafbla.org). We have read and clearly understand the PA FBLA Dress Code for this event. We understand that damages to any property or furnishing in the hotel or convention center, any items taken from the guest room in the hotel, or any disrespect shown to other hotel guests will result in the student and his/her parents/guardians being held financially responsible for any associated costs. We also agree that the school officials, the FBLA chapter adviser, the state FBLA management staff, and the FBLA Board of Directors have the right to send the above-named student home from the activity at the expense of the family provided that he/she has violated the rules and/or his/her conduct has become a detriment. Expenses include transportation, time, and travel expenses of someone to accompany the student as well as the student's expenses. I/we do hereby absolve and release school officials, the FBLA state chapter adviser, or other responsible adult and the assigned FBLA state staff from any claims for personal injuries or illness which might be sustained while he/she is traveling to and from or during the FBLA sponsored activity.

Student Signature

Date

Parent Signature

Date