DO NOT FAX.

Return form to:
Mr. Bruce E. Boncal
PA FBLA Executive Director
Deadline: October 05, 2015
Forms must be made into a single PDF file and uploaded with the WuFoo online form. Link is on PA FBLA's main page. If no capability to create a PDF and upload, fax to 570.398.4652.

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

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 uploaded to the **PA FBLA Executive Director** RECEIVED BY **October 05, 2015**. 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 25-26, 2015 (October 24 optional)**___.
location **dates**

Participant's Home Street Address _____

Participant's Home City/State/Zip _____

Home Telephone Number _____ Date of Birth _____

School Name _____

EMERGENCY INFORMATION

The information on this form will be kept confidential and will only be provided to emergency services/ medical personnel if necessary.

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 _____

You may voluntarily provide this information, if you wish, to share with emergency medical personnel/first responders.

List Medications the Adviser Is Taking _____

List Any Other Medical Requirements _____

Insurance Company Name_____ Plan Number/Group Number _____

Insurance Policy Number _____

_____
Adviser/Guest/Chaperone Signature **Date**