

FUTURE BUSINESS LEADERS OF AMERICA

Adviser/Guest/Chaperone Emergency Form

Return by email as a PDF file or fax to:
Mr. Bruce Boncal
PA FBLA Executive Director
bboncal@pafbla.us
Fax to: 570.398.4652
Deadline: March 17, 2017

Please Note: It is the responsibility of the local chapter adviser to submit an adviser emergency form for each adviser/guest/chaperone attending the PA FBLA State Leadership Conference. The form must be sent to the **PA FBLA Executive Director** **emailed as a PDF file or faxed no later than March 17, 2016**. 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 3-5, 2017 (early arrivals could include April 1 and 2)	Location: Hershey Lodge (and overflow hotels) 325 University Drive Hershey, PA 17033 717.533.3311
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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: _____

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 Number/Group Number _____

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

List Medications the Adviser Is Taking:

List Any Other Medical Requirements/Conditions:

Adviser/Guest/Chaperone Signature

Date