

# FUTURE BUSINESS LEADERS OF AMERICA

## Adviser/Guest/Chaperone Emergency Form

**Return form by email in PDF format or fax to:  
570.398.4652**  
**Mr. Bruce E. Boncal**  
 PA FBLA Executive Director  
[bboncal@pafbla.us](mailto:bboncal@pafbla.us)  
**Deadline: May 22, 2018**  
**DO NOT mail the forms.**

**Please Note:** It is the responsibility of the local chapter adviser to submit one emergency form for each adviser/guest/chaperone attending the National Leadership Conference. The signed emergency form must be **emailed as a PDF file or faxed to 570.398.4652** to the **PA FBLA Executive Director no later than May 22, 2018**. The submission of the forms is a safety issue; copies of forms are kept in the PA FBLA 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 NLC event.**

<b><u>Event Information:</u></b> FBLA National Leadership Conference June 26-July 2, 2018	<b><u>Location:</u></b> Sheraton Inner Harbor 300 South Charles Street Baltimore, MD 21201 <span style="float: right;">410.962.8300</span>
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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:  
 \_\_\_\_\_

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Adviser/Guest/Chaperone Signature
Date