## **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, 2018

<u>Please Note</u>: It is the responsibility of the local chapter adviser to submit an adviser emergency form for <u>each</u> adviser/guest/ chaperone attending the PA FBLA State Leadership Conference. The form must be sent to the **PA FBLA Executive Director** <u>emailed as a PDF file or faxed no later than March 17, 2018</u>. 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:	Location:
PA FBLA State Leadership Conference	Hershey Lodge (and overflow hotels)
April 9-11, 2018 (early arrivals could include April 7 and 8)	325 University Drive Hershey, PA 17033
(carry arrivals could metado ripin / and c)	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:	
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	_

A <u>fillable</u> version of this form can be found on the main page of the PA FBLA website. Advisers/guests/chaperones are able to type the data on the form and then print a copy.