

**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, 2017**  
**DO NOT mail the forms.**

# FUTURE BUSINESS LEADERS OF AMERICA

## Student Permission/Emergency Form

**Please Note:** It is the responsibility of the local chapter adviser to submit one signed parent permission/emergency form for each student attending the National Leadership Conference. The signed parent permission 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, 2017**. 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>Event Information:</b><br>FBLA National Leadership Conference<br>June 27-July 3, 2017 | <b>Location:</b><br>Anaheim Marriott<br>700 Convention Way<br>Anaheim, CA 92802 | 714.750.8000 |
|--|---|--------------|

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 2016-2017 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 Number/Group Number: \_\_\_\_\_

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 and National FBLA Delegate Code of Conducts 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](http://www.pafbla.org)). We have read and clearly understand the National 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 (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required)

\_\_\_\_\_  
Date