

# 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, 2019  
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, 2019**. 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> FBLA National Leadership Conference June 27-July 3, 2019	<b>Location:</b> Hilton Palacio del Rio/San Antonio Convention Center 200 South Alamo Street San Antonio, TX 78205 210.222.1400
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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