

FUTURE BUSINESS LEADERS OF AMERICA

Pennsylvania State Chapter

Return by email as a PDF file or fax to:
Mr. Bruce Boncal
PA FBLA Executive Director
bboncal@pafbfa.us
Fax to: 570.398.4652
Deadline: March 15, 2019

Advisers' and School District Administration Contact Information Accompanying Form

In the event of an emergency at a Pennsylvania FBLA function, the state chapter has developed a set of critical incident response procedures for responses to fires; critical injuries to a student or faculty member; death of a student or faculty member; crime and safety issues; serious illness; and weather-related issues.

As part of the swift, organized, and comprehensive procedure that has been developed, PA FBLA now requires each chapter to submit the following forms to the **PA FBLA Executive Director** prior to the PA FBLA State Leadership Conference. These forms will facilitate a proper response to an incident and will enable PA FBLA to keep school officials and parents informed of events that have taken place.

1. Adviser's Form to Accompany Student Permission Forms (one copy per chapter)
2. Student Permission Forms Signed by the Parent (one copy per student)

These forms must be submitted to the **PA FBLA Executive Director** **emailed as a PDF file or faxed no later than March 15, 2019**. If the forms are not **emailed or faxed** by the **March 15, 2019**, deadline, the adviser and the school principal will be informed that the chapter may not be permitted to attend the PA FBLA State Leadership Conference. This contact information is kept confidential and will only be used in the event of an emergency or issue that might result in student discipline necessitating contact with school administration.

Adviser Contact Information (all information must be complete for your chapter to attend the State Leadership Conference)

School Name: _____ **Region:** _____

List the names and contact information for all advisers/guests/chaperones attending the PA FBLA SLC; add additional advisers on a separate form.

Adviser 1 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Adviser 2 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Adviser 3 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Adviser 4 Name: _____ Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Administrative Contact Information:

School Principal Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School Assistant Principal Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____