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 15, 2019

FUTURE BUSINESS LEADERS OF AMERICA
Adviser/Guest/Chaperone Emergency Form

Please Note: It is the responsibility of the local chapter adviser to submit an adviser emergency form for each adviser/guest/chaperone attending the PA FBLA State Leadership Conference. The form must be sent to the **PA FBLA Executive Director emailed as a PDF file or faxed no later than March 15, 2019**. 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 April 8-10, 2019 (early arrivals could include April 6 and 7)	Hershey Lodge (and overflow hotels) 325 University Drive Hershey, PA 17033 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**