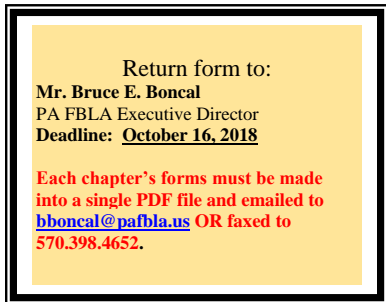


Please email or fax ----->



FUTURE BUSINESS LEADERS OF AMERICA Pennsylvania State Chapter

Turn in all forms to the chapter adviser; do not send directly to the Executive Director.
Do not use pencil; the form must be completed using blue or black ink.

Advisers' and School District Administration Contact Information

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 Workshop. 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 sent to the **PA FBLA Executive Director no later than October 16, 2018**. If the forms are not **emailed or faxed** by the **October 16, 2018**, deadline, the adviser and the school principal may be informed that the chapter may not be permitted to attend the PA FBLA State Leadership Workshop. 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 Workshop)

School Name: _____ Region: _____

List the names and emergency contact information for all advisers attending the PA FBLA SLW; 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: _____