

Please email or fax ----->

<p>Return form to: Mr. Bruce E. Boncal PA FBLA Executive Director Deadline: October 16, 2018</p> <p>Each chapter's forms must be made into a single PDF file and emailed to bboncal@pafbla.us OR faxed to 570.398.4652.</p>

FUTURE BUSINESS LEADERS OF AMERICA

Student Permission/Emergency Form

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.

Please Note: It is the responsibility of the local chapter adviser to submit one signed parent permission form for each student attending the PA FBLA State Leadership Workshop. The parent/guardian(s) is/are required to check the box below to certify parent permission for their son/daughter to participate in the State Leadership Workshop.

This signed parent permission form must be sent to the **PA FBLA Executive Director** received by **October 16, 2018**. If an adviser fails to submit the student permission form(s) by the deadline, the adviser and the school's principal may be notified that the chapter and/or student may not be able to attend the PA FBLA State Leadership Workshop.

Please check the box below that applies:

This is to certify that _____ has my permission to attend the **PA FBLA State Leadership Workshop** (required). student name

The **State Leadership Workshop** will be held at the Kalahari Resort, Pocono Manor, Pennsylvania, on **November 4-5, 2018**. FBLA chapters may arrive on November 3, 2018.

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.

Participant's Last Name _____ First Name _____

Participant's Street Address _____

Participant's City/State/Zip _____

Home Telephone Number _____ Grade Level _____ Date of Birth _____

School Name _____

Parent/Guardian Name(s) _____

EMERGENCY INFORMATION

The information on this form will be kept confidential and will only be provided to emergency services/medical personnel if necessary.

I/we authorize the FBLA chapter adviser or other responsible adult to take the above-named student 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 Phone # _____ Work Phone # _____ Cell Phone # _____

Family Physician Name _____ Physician Phone Number _____

You may voluntarily provide this information, if you wish, to share with emergency medical personnel/first responders.

Optional -- List Medications the Student Is Taking _____

Optional -- List Any Other Medical Requirements _____

Insurance Company Name _____ Plan Number/Group Number _____

We have read and agree to abide by the Pennsylvania FBLA Delegate Code of Conduct, including dress code, 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). We understand that any damage to any property or furnishings in the hotel, the 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/guardian being held financially responsible for any associated costs. We also agree that the school officials, the FBLA chapter adviser, the state FBLA 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.

Student Signature (required)

Date

Parent Signature (required)

Date