

DO NOT FAX.

FUTURE BUSINESS LEADERS OF AMERICA

Pennsylvania State Chapter

Return form by USPS to:
Mr. Bruce E. Boncal
PA FBLA Executive Director
P.O. Box 5085
Jersey Shore, PA 17740
Deadline: October 9, 2009.

Adviser's Form to Accompany Student Permission Forms

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 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 submitted to the **PA FBLA Executive Director** postmarked **no later than October 9, 2009**. If the forms are not postmarked by the **October 9, 2009**, deadline, the adviser and the school principal will be informed that the chapter is not permitted to attend the PA FBLA State Leadership Workshop.

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

School Name _____ **Region** _____

List the names and contact information for all advisers attending the PA FBLA SLC; add additional advisers on the back of this form.

Adviser 1 Name _____ **Home Phone** _____

Emergency Contact Name _____ **Work Phone** _____

Adviser 2 Name _____ **Home Phone** _____

Emergency Contact Name _____ **Work Phone** _____

Adviser 3 Name _____ **Home Phone** _____

Emergency Contact Name _____ **Work Phone** _____

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

School Principal's Name _____

Work Phone _____ **Home Phone** _____

School Assistant Principal's Name _____

Work Phone _____ **Home Phone** _____

Superintendent's Name _____

Work Phone _____ **Home Phone** _____
