

DO NOT FAX.

FUTURE BUSINESS LEADERS OF AMERICA

Adviser/Guest/Chaperone Emergency Form

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.

Please Note: It is the responsibility of the local chapter adviser to submit an emergency form for each adviser/guest/chaperone attending the PA FBLA State Leadership Workshop. The form must be sent to the **PA FBLA Executive Director** postmarked **no later than October 9, 2009**. If an adviser fails to submit the emergency form(s) by the deadline, the adviser and the school's principal will be notified that the chapter will not be able to attend the PA FBLA State Leadership Workshop.

This form is submitted by _____, who is attending
name

the **PA FBLA State Leadership Workshop** held at the **Penn Stater Conference Center Hotel,**
activity **location**
_____ on **November 1-2, 2009**.
State College, Pennsylvania **location** **dates**

Participant's Home Street Address _____
Participant's Home City/State/Zip _____
Home Telephone Number _____ Date of Birth _____
School Name _____

EMERGENCY INFORMATION

I/we authorize the emergency management/medical staff or other responsible adult to take the above-named adviser/guest/chaperone 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 Number _____ Work Telephone Number _____
Family Physician Name _____ Physician Phone Number _____
List Medications the Adviser Is Taking _____
List Any Other Medical Requirements _____

Insurance Company Name _____ Plan Number/Group Number _____

Adviser/Guest/Chaperone Signature

Date