

DO NOT FAX.

FUTURE BUSINESS LEADERS OF AMERICA

Student Permission 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 one signed parent permission form for each student attending the PA FBLA State Leadership Workshop. The signed parent permission form must be sent to the **PA FBLA Executive Director** postmarked **no later than October 9, 2009**. If an adviser fails to submit the student permission form(s) by the deadline, the adviser and the school's principal will be notified that the chapter and/or student will not be able to attend the PA FBLA State Leadership Workshop.

This is to certify that _____ has my permission to attend the
name

the PA FBLA State Leadership Workshop held at the Penn Stater Conference Center Hotel,
activity location

State College, Pennsylvania on November 1-2, 2009.
location dates

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

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 Telephone Number _____ Work Telephone Number _____

Family Physician Name _____ Physician Phone Number _____

List Medications the Student Is Taking _____

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 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 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

Date

Parent Signature

Date