Upload form to:
Mr. Bruce E. Boncal
PA FBLA Executive Director
Deadline: March 24, 2024

Each chapter's student emergency forms must be made into a single PDF file uploaded as an asset in Blue Panda. Return this form to the local FBLA chapter adviser.

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 Conference. The parent/guardian(s) is/are required to certify parent permission for their son/daughter to participate in the State Leadership Conference.

This signed parent permission form must be uploaded to Blue Panda to the **PA FBLA Executive Director** received by **March 24, 2024**. 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.

This is to certify that _____ (enter the student's printed name) has my permission to attend the **PA FBLA State Leadership Conference**.
The **State Leadership Conference** will be held at the Hershey Lodge, Pennsylvania, on **April 08-10, 2024.** FBLA chapters may arrive on April 07, 2024.

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) _____Parent Cell # _____

EMERGENCY INFORMATION

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

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 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**