*Membership and health form is available* ***online*** *at http://njhs.nashvillesd.com/211707\_4. If you fill out the information online, you may skip to the signature portion of this form.*

**2015-16 FBLA POLICY/MEMBERSHIP FORM**

The following policies will apply and must be agreed upon by all 7th, 8th, and 9th grade students who wish to join NJHS FBLA:

1. Dues are $8.00 for the year and are **NON-REFUNDABLE**. ($4.00 national, $2.00 state, and $2.00 local).
2. **IF** student wishes to attend Fall Conference you must include the conference fees and t-shirt money, the total for students wanting to **join and attend Fall Conference is $23.00**
3. Being a member **DOES NOT GUARANTEE** your participation in field trips. In order to go on a field trip, the following guidelines **WILL APPLY TO YOU**:
	1. Must be a paid NJHS FBLA Member.
	2. Must **PARTICIPATE** in and be an **ACTIVE** member who works on projects and fundraisers. Non-active members will not be given permission slips to attend meeting off campus or for trips.
	3. Must set a good example and exhibit correct behavior in all classes.
	4. Students who have been SUSPENDED will not be permitted to travel on field trips.
	5. Students who have been in ISS for 3 or more days will not be permitted to travel on field trips.
	6. As NJHS Principal, Mrs. Tackett and as FBLA Advisers, Mrs. Conant and Mrs. Gordon reserve the right to deny permission to any disruptive or disrespectful students to participate in any activities off campus.
	7. Any inappropriate behavior on field trips will prevent said student(s) from attending any other meetings for the remainder of the year.
	8. The principal and advisors reserve the right to dismiss students from FBLA if their behavior warrants this action.
	9. All students attending any field trip must have completed a health form.

***(Please complete HEALTH FORM ON OTHER SIDE)***

# Health Information

Student Name Grade

Does the student have a chronic medical condition No Yes

that the sponsor should be aware of?

Allergies Asthma Diabetes Epilepsy Other—(please explain)

Is the student taking any current over the counter medication? No Yes

If yes, please list:

Is the student taking any current prescription medication? No Yes

If yes, please list prescriptions and dosage information:

Parent or Guardian Name: Home Phone #:

Work Phone #: Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Name and number of closest relative if you can’t be reached:

Health Insurance Provider Group Number or ID #

Physician’s Name Physician’s Office Phone Number

Do you give permission for the student to receive medical treatment in the event of an emergency?

No Yes

🞏 *Checking this box indicates that I filled out the above information online.*

 Student Signature & Grade Parent/Guardian Signature & Date

(optional)

My student is in FBLA and I am available to help with field trips, fundraisers, and other FBLA Activities.

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(SEE POLICY FORM ON OTHER SIDE)***