

**Wisconsin Association of FCCLA**  
**Adviser Procedures and Responsibilities**



The FCCLA State Office requires EACH local adviser who attends Wisconsin FCCLA events to **read, complete and return a copy of this form** to the FCCLA State Office.

1. Local advisers are responsible to have each student who attends Wisconsin FCCLA events read & discuss the Student Code of Conduct, and sign & return the Participant Authorization Form.
2. Local advisers are responsible to know the whereabouts of all of their students AT ALL TIMES. The local adviser should establish a system through which to meet this regulation and should establish this system prior to attendance at the conference.
3. Local advisers are responsible for the supervision of their student delegates and should be available to their students at all times.
4. An identification badge will be worn at all official FCCLA events.
5. At all events, advisers must have a list of their students as well as all necessary contact information [i.e., home phone number, name(s) of parent/guardian].
6. At overnight events, established curfew will be enforced. Local advisers are responsible to do room checks to ensure that students are in the room assigned them.
7. No alcoholic beverages or controlled substances, such as narcotics, marijuana, cocaine, in any form, shall be possessed or consumed by delegates or advisers at any time, under any circumstances.
8. The local district principal and/or designated administrator will be contacted in an emergency if the local adviser cannot be located within a reasonable amount of time or is unable to provide an adequate amount of supervision. Student emergencies include but are not limited to: an accident, possession of drugs or alcohol, violation of conference rules, family emergency, and any other situation designated an emergency.

***I have read and fully understand the Adviser Procedures and Responsibilities and agree to comply.***

Advisor Name (print)	Advisor Signature & Date Signed	FCCLA Chapter Name or School
Advisor Cell Phone	Advisor Insurance Company	Advisor Insurance Policy Number

**Adviser Emergency Contact Information**

Name:	Relationship of Individual to Advisor:
Daytime Phone (area/number):	Cell Phone (area/number):

**In an emergency, the following local administrators should be contacted:**

<b>1<sup>st</sup> Contact</b>		<b>2<sup>nd</sup> Contact</b>
Name		Name
Title		Title
School Phone # (area/number)		School Phone # (area/number)
Cell Phone # (area/number)		Cell Phone # (area/number)
School Principal Name (print)	School Principal Signature	Date Signed