FORM A: INFORMATION AND PERMISSION FORM

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Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

THIS FORM MUST BE FILLED OUT ENTIRELY IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMAIS ESCORT: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

ALATEEN MEMBER'S INFORMATION

First and Last Name: ______________________________

Address: ______________________________

City: ______________________________

State/Province: ______________________________

Zip/Postal Code: ______________________________

Phone Number: (   ) ______________________________

Date of Birth: ______________________________

SPONSOR/ADULT ESCORT INFORMATION

First and Last Name: ______________________________

Address: ______________________________

City: ______________________________

State/Province: ______________________________

Zip/Postal Code: ______________________________

Phone Number: (   ) ______________________________

EVENT INFORMATION

Name of Event: ______________________________

Location of Event: ______________________________

Address of Location: ______________________________

Phone Number of Location: (   ) ______________________________

Date & Time & Place of Departure: ______________________________

Date & Time & Place of Return: ______________________________

Mode of Transportation : ______________________________

(include make, model, year of vehicle & license plate number)

FORM A: INFORMATION AND PERMISSION FORM

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CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: ____________________

Address: ____________________

City: ____________________

State/Province: ____________________

Zip/Postal Code: ____________________

Phone Number: Home (   ) ____________________ Work (   ) ____________________

During this event, I can be reached at: (   ) ____________________

NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First, Last Name & Relationship: ____________________

Address: ____________________

City: ____________________

State/Province: ____________________

Zip/Postal Code: ____________________

Phone Number: Home (   ) ____________________ Work (   ) ____________________

HOLD HARMLESS STATEMENT

As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

____

(insert name and WSO registration number (if known) of group, district, Al-Anon Information Service office, and/or Area)

or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature:____________________ Date: ____________________

PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I, ____________________ hereby grant permission to ____________________to travel to and
(Parent/Guardian Name) (Alateen member name)

from and to participate in____________________under the supervision of
(Event Name)

____________________ on ____________________
(Sponsor/AMIAS escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature:____________________ Date: ____________________

FORM B: MEDICAL FORM

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Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

DISEASES/MEDICAL CONDITIONS

(Alateen member or Sponsor/AMIAS escort name) __________________________ has (had) the following diseases or problems:

Heart Trouble ______
Tuberculosis ______
Stomach Ulcers ______
Asthma ______
High Blood Pressure ______
Low Blood Pressure ______
Epilepsy ______
Liver Trouble (Hepatitis) ______
Fainting spells or Seizures ______
Diabetes ______
Hives ______

Other (Please describe) ____

____

ALLERGIES

(Alateen member or Sponsor/AMIAS escort name) __________________________ has had allergic reaction from the following: (please check):

Penicillin ______
Local Anesthetics ______
Aspirin ______
Sulphur Drugs ______
Sedatives ______
Bee Stings/Insect Bites ______
Pollens ______

Foods (please list) ____

Other (Please Describe) ____

CURRENT MEDICATIONS

Please list all prescriptions & over-the-counter drugs. These medications MUST be in their original container(s) with labels firmly in place.

(Alateen member or Sponsor/AMIAS escort name) __________________________ is currently using the following medications:

____

____

OTHER CONDITIONS OR PROBLEMS

(Alateen member or Sponsor/AMIAS escort name) __________________________ has the following condition or problems not listed above that you should know about: (please explain)

____

____

FORM B: MEDICAL FORM

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MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space below.

For the US:

Name of Insurance Co. ____

Employer Name ____

Employee Name and Social Security Number ____

Group ID Number ____
(or attach a medical coupon if covered by Medicaid)

For Canada:

Health Card or Medi-Number ____

NOTARY STATEMENT

Form B, Authorization to Obtain Medical Care, is not valid without a signed and sealed Notary Statement.

State/Province of ____

County of ____

(Sponsor/Escort/Responsible Party Name) ______________________________ is authorized upon my signature below to obtain any medical care necessary for the duration of the above stated function on behalf of (Participant's Name) ______________________________
who is (state relationship - self, son, daughter) my ____________________.

Dated this __________ day of ________ 20___

________________________________ (Signature - if 18 or over)

________________________________ (Signature of Parent or Guardian, if under 18)

Before me, the above signed authority, on this day personally appeared ____________________, to me known and known by me to be the person who signed the above authorization, and acknowledged to me that (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this ______ day of____________20_______

NOTARY PUBLIC

My Commission Expires: Seal: