



DON'T MISS

# North Wales Alateen Spring Picnic SPRING INTO SERENITY WITH

FELLOWSHIP | FRIENDSHIP | MUSIC  
BOARD GAMES • SCAVENGER HUNT • ON MAY 13TH

Bring 5 dollars if you can, but don't  
stay away if you can't pay.

Also bring your instrument to jam  
by the fire with us.

At Covered Bridge Park

229 Keeley ave,

New Britian, PA 18901

From 3 PM to 9 PM

# FORM A: INFORMATION AND PERMISSION FORM

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The Area's counsel has reviewed this form 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/AMIAS 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: ALATEEN SPRING INTO SERENITY PICNIC  
Location of Event: COVERED BRIDGE PARK  
Address of Location: 229 KEELEY AVE NEW BLADEN, PA 18901  
Phone Number of Location: ( ) N/A  
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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## 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)