

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 FALL Picnic 9/21/24 3^P-9^P

Location of Event: COVERED BRIDGE PARK

Address of Location: 229 KEELEY AVE. NEW BRITAIN, PA

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)

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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: _____

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)
