

NEW YORK NORTH AREA ALATEEN EVENT PERMISSION SLIP

PERMISSION TO ENGAGE IN AN AL-ANON/ALATEEN EVENT

(to include AA events with Al-Anon/Alateen participation)

(Please complete all parts of this form)

PLEASE COMPLETE THIS ENTIRE FORM AS WELL AS THE MEDICAL RELEASE FORM ON THE OTHER SIDE. HAVE IT NOTARIZED AND RETURNED TO YOUR ALATEEN GROUP SPONSOR OR ANOTHER RESPONSIBLE ADULT WHO WILL BE ACCOMPANYING THE ALATEEN TO THE ALATEEN EVENT. SPONSORS SHOULD HOLD ONTO THE ORIGINAL FORM AND MAKE A COPY FOR PARENTS/GUARDIANS. BRING THIS FORM ALONG WITH THE ALATEEN'S EVENT REGISTRATION. (SPONSORS WILL NEED TO BRING THE ORIGINAL FORM TO THE ALATEEN EVENT.)

EVENT NAME: 31ST ANNUAL SALT CITY MID-WINTER ROUNDUP

EVENT DATES: February 9TH, 10TH AND 11TH, 2018

EVENT LOCATION: Holiday Inn, 7th North St. at Electronics Parkway, Liverpool, NY.

To the Parent/Guardian of an Alateen member:

Your (daughter/son/ward) wishes to participate in the above-named event. The PRIMARY PURPOSE of this event is to share the experience, strength, and hope of others in order to gain knowledge and understanding of themselves and others. Your child is expected to conduct themselves responsibly during the event. By signing this form, you agree to come and pick up your child if their behavior is inappropriate. A copy of the Alateen Rules of Conduct is provided.

******* All parents/guardians sending a teen to the above-named event will provide medication and adequate information about these medications to the sponsor named in this permission slip.**

PARTICIPANT INFORMATION (TO BE FILLED OUT BY ALATEENS under 18 years old):

Last Name: _____ First Name _____ Sex: M / F Date of Birth _____
Street _____ City _____ State _____ Zip _____
Phone () _____ Status () Alateen () Sponsor () Al-Anon member () Other

Name of Nearest Relative or Guardian _____ Phone # _____
(In case of emergency or other need to contact)

Sponsor: _____ Phone: _____ Driver: _____
Group Name: _____ Group City _____

Mode of Transportation _____

CUSTODIAL PARENT/GUARDIAN INFORMATION (TO BE FILLED OUT FOR ALATEENS under 18 years old):

Last Name: _____ First Name _____ Phone () _____
Street _____ City _____ State _____ Zip _____

INSURANCE INFORMATION (TO BE FILLED OUT FOR ALATEENS under 18 years old):

For U.S. : Name of Insurance Company _____ Group ID Number _____
Name of Employer: _____ Employee SS#: _____
(if covered by Medicaid: Attach a medical coupon or copy of card)

For Canada: Health Card Or Medi-Number: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE

(This form must be filled out and NOTARIZED FOR ALL ALATEENS under 18 years old)

Does the above person have or have had any of the following diseases or problems? If so, please circle.

- | | | | |
|-----------------|---------------------|---------------------------|----------|
| Heart Trouble | High Blood Pressure | Low Blood Pressure | Asthma |
| Fainting Spells | Seizures | Stomach Ulcers | Diabetes |
| Hives | Tuberculosis | Liver Diseases(Hepatitis) | |
- Other (describe) _____

Does the above person have or have had a reaction from any of the following? Please circle.

- | | | | | |
|------------|-------------|------------------|-----------|---------|
| Penicillin | Sulfa Drugs | Local Anesthetic | Sedatives | Aspirin |
|------------|-------------|------------------|-----------|---------|

Other: _____

Are you allergic to any foods, pollens or drugs?: _____

List all Prescriptions and Over the Counter drugs being taken to the event. These medications *MUST* be in their original container with labels firmly in place. The above person is currently using the following medications:

******* All medications will be held and dispensed by the sponsor listed on the front of this form.** Sponsors must agree with and be willing to accept this responsibility.

Hold Harmless and Parental Permission 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 Alateen event my child is attending, the New York North Area Al-Anon, the hosting facility, and any authorized representative thereof, should harm come to my child as a result of his / her participation in this activity or procurement of medical treatment. By my signature below, I hereby grant permission to my daughter / son to travel to and from and to participate in this Alateen event under the supervision of _____ (Sponsor name).

_____ (Sponsor Name) is authorized upon my signature below to obtain any medical care necessary for the duration of this Alateen event on behalf of _____ who is my _____. (Self, daughter, son, other)

Dated this _____ day of _____, 20____ in the State of _____ in the County of _____

Teens signature (if Alateen is 18 or older)

Parent or Guardian (if Alateen is under 18)

NOTARY STATEMENT:

(In the State of _____)
(In the County of _____)

On this _____ day of _____, 20____ before me personally appeared to me known and known by me to be the individual described in and who executed the foregoing certificate, and (s)he thereupon acknowledged to me that (s)he executed the same.

WITNESS my hand and seal this _____ day of _____, 20____

(Stamp)	NOTARY PUBLIC, State of _____
	My Commission Expires: _____
	Notary Signature _____

This form has been reviewed by legal counsel.