

**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 AND HAVE IT NOTARIZED AND RETURNED TO YOUR ALATEEN GROUP SPONSOR OR OTHER RESPONSIBLE ADULT WHO WILL BE ACCOMPANYING THE ALATEEN TO THE ALATEEN EVENT. SPONSORS SHOULD HOLD ONTO THE ORIGINAL OF THIS FORM AND FORWARD A COPY ALONG WITH THE ALATEEN'S EVENT REGISTRATION. SPONSORS WILL NEED TO BRING THE ORIGINAL FORM TO THE ALATEEN EVENT.**

**EVENT NAME: 28th ANNUAL SALT CITY MID-WINTER ROUNDUP**

**EVENT DATES: February 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>, 2015**

**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 \_\_\_\_\_  
(Please print as a double sided form and not as 2 separate pages)

**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 \_\_\_\_\_ 2\_\_\_ 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 \_\_\_\_\_ -2\_\_\_ 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 \_\_\_\_\_, 2\_\_\_  
NOTARY PUBLIC, State of \_\_\_\_\_  
(Stamp) My Commission Expires: \_\_\_\_\_  
Notary Signature \_\_\_\_\_

*Please print as a double sided form and not as 2 separate pages)*

**This form has been reviewed by legal counsel.**