

Area 20 Kansas Alateen Permission/Medical Form

SECTION I.

I, _____, am the parent/guardian of _____, whose date of birth is _____ and Social Security No. is _____, and hereby grant permission for him/her to take part in _____. I agree that _____ (Al-Anon Member Involved in Alateen Service/Sponsor/Driver) is in charge and will at all times make decisions in the best interest of my child. My spouse, co-guardian, and my child agree to be bound thereby. I will not hold _____, (Al-Anon Member Involved in Alateen Service, Sponsor(s), Co-Sponsor(s), Nurses, Emergency Medical Technicians, Driver(s), responsible for any injuries or theft. I further agree to indemnify any and all entities from any and all further claims or demands. I further stipulate that this release shall be binding on the heirs, personal representatives and assigns of the signatories hereto and their spouses and/or co-guardians. In case of accident or need for medical attention, I give _____ (Al-Anon Member Involved in Alateen Service/Sponsor/Driver) my permission to use their best judgment in the selection of any medical, dental or hospital authorities and/or facilities available nearby to treat said child. I agree to be financially responsible for such treatment. My full address is: _____, and the Emergency Phone Number(s) to reach me are: _____.

SECTION II.

Medical information for my child is as follows: _____ is carrying with him/her the following prescriptions or over the counter medications:

He/she is allergic to: _____
 Our medical insurance is with: _____
 Policy No. of insurance: _____
 Prescribed medication (dosage & time) presently taking: _____

SECTION III. ALL SIGNATURES REQUESTED ON THIS FORM ARE REQUIRED PARENT/GUARDIAN’S SIGNATURE MUST BE NOTARIZED

 PARTICIPANT’S SIGNATURE

 PARENT/GUARDIAN’S SIGNATURE

State Of Kansas)
) ss:
 _____ County)

Subscribed and Sworn to before me this _____ day of _____, 20____, A Notary Public in the County and State first above written.

NOTARY SEAL _____
 NOTARY PUBLIC

My appointment Expires: _____

I, _____, agree to sponsor _____ for this conference.
 (parent/guardian/sponsor’s name) (participant’s name)

 Signature of Al-Anon Member Involved in Alateen Service/Sponsor