

**Alateen Safety Committee Recommended Revisions to
AFG of Georgia, Inc. Area Safety and Behavioral Requirements (ASBR)
December, 2020**

December 2020 Revisions: In 2019, the Board was advised that Alateens, their parents/guardians, and AMIAS need to sign waivers to attend the Alateen Conference, and a pro bono attorney created them for our use, which was to be part of the conference registration packet. In the spring of 2020, the Safety Committee was advised that we need to ask those members to sign waivers at every Area event, so we used the waiver for the conference as a template for other waivers and just changed the title. In November of 2020, the Al-Anon Family Groups of Georgia, Inc. (AFGG) Board of Trustees met with the insurance agent who advised them that every member who attends any Area event should sign a waiver, not just Alateens, their parents and AMIAS. After consulting with a pro bono attorney, who agreed with the agent, she advised that, because the ones we have are so similar, we do not need to have a specific waiver for specific events. Rather, we should use one template where members fill in the name of the event; otherwise, when changes inevitably need to be made there is the distinct possibility that those changes won't consistently be made to each waiver. The Safety Committee has now removed the separate Alateen and AMIAS waivers outlined in earlier versions of this report under the Revised Forms and Waivers section as #5 and #7, and has inserted the one waiver template as #5. Also, as a result of discussions at November's AWSC meeting, the Recommendations section of this report was revised to separate out legal recommendations that require our AFGG Board of Trustee approval and Assembly affirmation, from Traditional recommendations that require Assembly approval.

Background

In March 2019, the Alateen Safety Committee (SC) was charged by the AFGG Board of Trustees to make recommendations on secure retention of Alateen information and documents. Recommendations were made and approved by the Board on November 4, 2019. The recommendations included seeking legal advice for two questions regarding administering medication to Alateens and mandatory reporting. On November 15, 2019, the Board retained assistance from a pro bono attorney in answering them. The attorney edited some existing forms and created others to address the legal liability of administering medication. As a result of our past discussions on information retention and current review of required forms for Rock Eagle, the SC determined a review of all AFGG Area Safety and Behavior Requirements (ASBR) was necessary. Furthermore, by signing the contract to hold the Alateen Conference at Rock Eagle, AFGG is contractually obligated to comply with UGA's policies for Programs Serving Minors. Forms either needed to be edited or created to meet those legal obligations, with the understanding that most, if not all of those forms will be required even if the venue were to change.

Resources

The SC utilized the following resources during its discussions: The AFGG AMIAS Handbook v. 03-11-2019; AFG, Inc. WSO Guidelines G-16 and G-34; required forms from UGA's Rock Eagle facility; a pro bono attorney; our insurance agent; AFG Connects Alateen and AAPP communities; WSO Associate Director—Group Services, Sue P.; and our *Al-Anon/Alateen Service Manual 2018-2021 version 2*.

Scope and Consideration

Pro bono attorney recommendations based on current Georgia law requirements and Rock Eagle's contract requirements resulted in the SC's decision to revise existing Alateen and AMIAS forms and create additional new forms. Revisions to Georgia Area forms would then necessitate updating our Area procedures, guidelines, and service position descriptions (PDs).

One particular area of concern in regard to safety and potential liability for teens, AMIAS, and AFGG that the SC felt was not adequately addressed was in regard to medication administration to Alateens. Currently, there is no Area policy on who holds medication and who can administer it to Alateens. Information obtained from our insurance agent indicated our insurance does not cover liability for volunteers who administer medication to teens. Our pro bono attorney indicated that, while there is currently no state law that regulates medication administration at off-campus events with minors, it is advisable for legal and insurance reasons that AFGG hire a healthcare professional through an agency that carries its own insurance who would securely hold and administer medication to teens during Area events. In addition, WSO Guideline G-16 for Alateen Conferences states, "A registered nurse or certified first aid person should be in attendance at all times." The SC is recommending that a healthcare professional licensed to administer medication - a Designated Medical Administrator (DMA) - be hired through an agency for each Alateen Conference. We recommend the Alateen Work Group be charged with exploring options of hiring a DMA at other Area events comparing feasibility, costs and liability, and present their findings to the Finance Committee for discussion. Based on their findings, the Alateen Work Group may need to amend some of these forms for use at Area events other than the Alateen Conference and present to Assembly for approval. AMIAS who are professional health care providers cannot be hired or volunteer their services for this position as it would negate the insurance and liability reasons for having it.

Many of the following forms were revised or created as a result of this decision to hire a DMA and to provide greater clarity in responsibility for existing guidelines. Instructions for handling and secure retention of these documents were added at the bottom of each form. The AAPP or Area Archivist will store documents in a folder on a secure electronic platform that can also be accessed by the AFGG Board Chair. Instructions for secure retention can be found in the AAPP's PD. Input from the pro bono attorney indicates secure retention needs to ensure integrity, privacy, and password protection of scanned forms, and retention of medical information should be maintained for ten years.

Revised Forms and Waivers:

1. **Alateen Transportation/Overnight Stay Form**--replaces Georgia Alateen Permission/Medical Form (see Attachment A). This form allows for the parent to specify several people (whether an AMIAS or not) to be responsible for transporting their teen and provides information about teens who transport themselves. It also allows a parent to authorize an AMIAS to stay overnight in a hotel room with their teen. Overnight stays with an AMIAS were not previously addressed in our forms or procedures. Separate procedures for overnight stays in cabins at the Alateen Conference will need to be addressed by the Alateen Conference Committee using WSO guidelines and an informed group conscience. There is currently no Georgia state law that addresses transgender minors in regard to housing. The Area Chair will need to form an Area Task Force this year to explore transgender housing using KBDM so a policy is in place before the next conference. The original of this form will be returned to the parent by the authorized person or transporting AMIAS. Event Registration will be provided a scanner and an electronic copy of this form will be sent to the AAPP for secure retention after the event.
2. **Alateen Health History Form**—The pro bono attorney used a form from the Rock Eagle/UGA website as a resource to create this version to cover the Alateen's health information in greater detail than our

previous Alateen Permission/Medical Form, which pertained to a single event (see Attachment B). It provides all necessary information to an emergency room in the event of an illness or injury of a teen. This information also provides clarity to the DMA who may need to administer medication. The original of this form will be returned to the parent by the authorized person or transporting AMIAS, but Event Registration will scan an electronic copy and send to the AAPP for secure retention after the event.

3. **Alateen Medication Authorization Form**—this is a new form created from a template on the UGA website for programs serving minors and replaces our Georgia Alateen Permission/Medical Form (see Attachment C). This form provides a detailed listing of any medication (prescription and over-the-counter) that the DMA may need to administer to the teen. The pro bono attorney specified that this form should include any medication administered, even those routinely found in a first aid kit, since they are all considered the same from the legality of administering medication. This form and any remaining medications will be returned to the parent by the authorized person or transporting AMIAS, but Event Registration will scan an electronic copy of the form and send to the AAPP for secure retention after the event.
4. **AMIAS Code of Conduct**—this is a new form that was developed from a Staff Code of Conduct for programs serving minors on the UGA website and required by Rock Eagle/UGA (see Attachment D).
5. **Event Release and Waiver of Liability**—this is a new form that the pro bono attorney and our insurance agent recommended all participants sign before attending any Area event (see Attachment E).
6. **Alateen Code of Conduct**—this is a new form that was developed from a Participant Code of Conduct for programs serving minors on the UGA website required by Rock Eagle/UGA (see Attachment F).
7. **Alateen Event Sign-In Sheet**—this one form replaces our current three sign-in sheets (see Attachment G). This sign-in sheet provides additional documentation of required new forms. The new Transportation/Overnight Stay Form (Attachment A) allows for multiple AMIAS to be listed to transport the teen to different locations (such as the spaghetti dinner). The parent will need to discuss with accompanying AMIAS prior to the event which other AMIAS may be transporting their teen. All Alateens must register at Assembly before attending the spaghetti dinner. This will require the Alternate Delegate to ensure that there is at least one trained person at the Alateen registration table or close-by while Assembly is in session so they can be contacted to register Alateens and ensure all required forms are completed and available. An AMIAS will need to be stationed at the door of the spaghetti dinner to ensure Alateens have registered. Alateens that have not registered at Assembly first will be required to go back and register before they can attend the spaghetti dinner.
8. **Guidelines for Medication Administration by a Designated Medical Administrator**—this is a new guideline recommended by the pro bono attorney that establishes AFGG policy and procedures on medication administration to Alateens (see Attachment H). This guideline is to be used in conjunction with the Alateen Medication Authorization Form (Attachment C) completed by the parent and with the Alateen Medication Log (Attachment I) completed by the DMA to document each medication given.
9. **Alateen Medication Log**—this is a new form created by the pro bono attorney to be used in conjunction with the new medication administration guidelines (see Attachment I).
10. **Alateen Incident/Illness Notification Form**—this is a revision of our current form (see Attachment J). This form was revised to be completed by the DMA should an illness or incident occur during an Area event. An AMIAS is to complete this form if an illness or incident occurs during transportation to or from an Area event.

Policy for Minors Attending AFGG Events:

The SC recommends adopting an Area policy on unaccompanied minors at AFGG events. Our discussion on this was initiated from an Area Chair discussion thread on AFG Connects. We recommend that this policy be

added to the Area Information and Archives Booklet (for the Area Chair to implement) and the Al-Anon Convention Chair guidelines, and be posted on the Events page of our Georgia website. We also recommend that this policy be included on Convention registration forms and that a parent or guardian must check off a box when registering to acknowledge that he or she has read and agree to it.

Policy for Minors Attending AFGG Events: All minors (who are not Alateens) attending Area events are the responsibility of their parents and must be supervised by their parent or guardian throughout the event. AFGG is not responsible for them and does not provide childcare. Minors who wish to attend Alateen events must have all required forms completed. Emancipated teens under 17 years of age attending Area events must present their paperwork from Juvenile Court; they can attend Alateen events once required forms are completed.

Georgia Code for Mandated Reporters:

The SC recommends inserting a procedure for posting a flyer of the Georgia Code for Mandated Reporters in the Alateen Conference Chair information guidelines and PD, the Al-Anon Convention Alateen Sponsor Chair PD, the Al-Anon Convention Chair guidelines and PD, and the Area Information and Archives Booklet (for the Alateen Coordinator to implement at Assembly). This flyer would be posted in Conference housing cabins and Area event Alateen meeting rooms to inform and remind Alateens of this law. It would also serve to make this information readily available to an AMIAS who may need to make a report.

Georgia code O.C.G.A. § 19-7-5 requires mandated reporters to contact the Division of Family and Children Services (DFCS) if they have reasonable cause to believe that a child known to them is suspected of being abused or neglected. Calls should be made to 1-855-422-4453. In the event of an emergency, call 911.

Area Procedures Updates:

Should the Assembly approve and affirm the above recommended forms, guidelines, and policy, the following actions will need to be taken:

1. Area Chair, Delegate, and Archivist to work with respective trusted servants to revise PDs for AAPP, Conference and Convention Chairs, Alternate Delegate, Alateen Coordinator, Georgia A.A. Convention Liaison, and Board Chair to reflect secure handling and retention of forms, waivers, Policy for Minors Attending AFGG Events, and Georgia Code for Mandatory Reporters.
2. Upon approval of revised ASBRs by Assembly, the Georgia Alateen/AMIAS Handbook will need to be updated by the Alateen Work Group to reflect new forms, waivers, procedures, guidelines and Policy for Minors Attending AFGG Events. Once the handbook is updated, the Alateen Coordinator is to send it to the WSO for review (pg 93, 2018-2021 Al-Anon/Alateen Service Manual version 2).
3. The Alateen Coordinator to work with the Web Coordinator to update the Area website—all approved forms and policies will need to be added with appropriate instructions.
4. Alateen Coordinator / Alateen Work Group to update AMIAS training to reflect new procedures, forms, waivers, and guidelines.
5. Alateen Work Group to conduct research on possible health care agencies and create a form for DMA to sign providing written acknowledgement that they have received and agree to use AFGG Guidelines and forms (see SC Guidelines below and Parking Lot of Questions Attachment K).
6. The Alateen Conference budget will need to be adjusted to reflect the cost of a DMA. The Al-Anon Convention and Assembly budgets will need to be adjusted based on the outcome of the Alateen Work Group's recommendation on feasibility of hiring a DMA.

SC Guidelines:

During our work on reviewing current AFGG forms and ASBRs, the SC realized that there are no guidelines or an outline of SC responsibilities. The SC felt discussion and creation of these guidelines was outside the scope of this report and placed this into a “Parking Lot of Questions, Issues or Concerns Outside the Scope of the Committee” (Attachment K).

Recommendations

Because AFGG is contractually obligated to comply with UGA’s policies for hosting the Alateen Conference at Rock Eagle, recommendations 1 and 2 below are legal issues that the Board has reviewed and approved. Assembly is asked to affirm these two recommendations:

1. Replace current 5 Alateen Registration Event Forms with 8 revised or new forms, 1 new medication administration guideline, and 1 new release and waiver of liability form for Alateen Conferences effective 2021. All of these forms are required for Rock Eagle. Some of the forms included in this report may need to be edited based on the findings of the Alateen Work Group for use at other Area events (see #3 below).
2. Hire through an agency a health care professional licensed to administer medication as a Designated Medical Administrator (DMA) for the Alateen Conference.

The following recommendations are actions that the SC recognizes as necessary if Assembly affirms recommendations 1 and 2. Since they are Traditional in nature, rather than legal, Assembly is asked to approve these recommendations:

3. The Alateen Work Group to explore options of hiring a DMA at other Area events comparing feasibility, costs and liability, and present to the Finance Committee for discussion.
4. Adopt the Policy for Minors Attending AFGG Events.
5. Adopt the posting procedure for the Georgia Code for Mandated Reporters in Alateen meeting rooms at Area events.
6. Revise Area trusted servant PDs to reflect new Alateen safety procedures and secure file retention.
7. Revise the Alateen/AMIAS Handbook to reflect new procedures, forms, guidelines, and policy.
8. Revise the Georgia Al-Anon Website Alateen section and Area event listings to reflect new procedures, forms, guidelines, and policy.
9. Revise AMIAS training to reflect new procedures, forms, guidelines, and policy.
10. Adjust the Alateen Conference budget to reflect additional cost of a DMA.

Safety Committee Members

Karen M. (AAPP/SC Chair)
Vicki L. (Board Chair)

Alecia C. (Alateen Coordinator)
Cathy O. (Board Secretary)

Babs T. (Delegate)

Alateen Transportation/Overnight Stay Form

Please read completely and carefully before signing. This form must be filled out entirely by the enrolling parent or legal guardian and bear an original parent or legal guardian signature in order for the Alateen member to attend an AFGG event. This form also requires the signature of Alateen members (including emancipated teens) below the parent/guardian signature. A new form is required for each event. This form is not required for regular meetings.

Event (circle one: Assembly, Conference, Convention, AWSC) Date(s) _____

Personal Information (please print)

Today's Date: _____

Alateen's Name: _____ Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone(s): _____ Work Phone: _____

Please select the appropriate authorization below:

I. Authorized Pick Up and Dismissal

Please list any individual who is authorized to transport your Alateen, including yourself. Each authorized person must be at least 16 years of age and authorized by GA law to drive another teen. The above-named Alateen will not be permitted to attend or leave the AFGG event with anyone who is not listed below. Authorized individuals must transport the teen in person and may be requested to show identification. Alateens will not be released to persons who fail to provide acceptable identification upon request. Individuals who transport teens do so at their own risk and not on behalf of AFGG.

I authorize the following responsible persons to transport my teen to and from the above-listed event (continue on the reverse side if necessary):

Authorized Person or AMIAS*	Phone Number	Relationship to Alateen	Pick Up or Drop Off Location

Please note that Alateens **must be picked up by designated times**. If an authorized adult is unable to be reached, event members will contact the local police department as a last resort to take your teen home. If you are not at home, your teen will be released to the Division of Family and Children Services.

My teen is at least 16 years of age and will be responsible for his/her own transportation to and from the event and may sign himself/herself out on _____ (date).

II. Authorized Overnight Stay

My teen is authorized to stay in a hotel room with the following AMIAS:

Parent or Guardian Signature: _____

Parent or Guardian Name (print): _____

Alateen or Emancipated Teen Signature: _____

(Emancipated teens age 17 or under completing this form for themselves must provide a **copy** of the emancipated paperwork from Juvenile Court to the Event Registration Chair for secure retention by AFGG.)

*An AMIAS is a currently certified Al-Anon Member Involved in Alateen Service.

This fully completed, signed form (and emancipated paperwork if appropriate) must accompany other required registration forms, be kept in a covered binder or folder by the authorized person or transporting AMIAS, and then submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will electronically scan this form at registration and return the original to the authorized person or transporting AMIAS, who will return it to the parent/guardian. The Registration Chair will send the scanned copy to the AAPP for secure retention after the event.

Alateen Health History Form

To be completed and signed by parent/guardian of Alateen

Alateen Full Legal Name:	Date of Birth:	Age:
Address:		
Parent/Guardian Name:	Phone:	
Physician's Name:	Phone:	
Emergency Contact:	Phone:	Relationship:

Pick up information - Name of person(s) permitted and NOT permitted to pick up Alateen	
Name:	Phone number:
Names of person(s) NOT permitted to pick up Alateen:	

Allergies, Chronic Illnesses, and Other Health Concerns			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Intestinal or Stomach Disorders	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting/Dizzy Spells	<input type="checkbox"/> Mental/Psychological Disorders	
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Sinusitis (Sinus Infections)	
<input type="checkbox"/> Convulsions/epilepsy/seizures	<input type="checkbox"/> Liver Trouble (Hepatitis)	<input type="checkbox"/> Sleep Disturbances/Impairment	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension/High Blood Pressure	<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Other (explain below)			
<input type="checkbox"/> My child has ongoing health concerns that aren't listed above and that an ER doctor should be aware of.			
<input type="checkbox"/> My child has adverse reactions to and/or sensitivity to medication in a typical first aid kit. Let us know if any of these over-the-counter medications SHOULD NOT be given in an ER: e.g., Tylenol, aspirin, aloe vera gel, calamine lotion, anti-diarrhea medication, laxative, antacid, antihistamine, hydrocortisone cream, cough and cold medication.			
<input type="checkbox"/> My child's immunizations are NOT updated in accordance with State of Georgia requirements for public schools.			
Please explain in detail any items checked above. Continue on the reverse side if necessary:			

Attachment B (Cont.)

Health Insurance Information - In case of accident or illness, personal insurance is primary			
Policy Holder Name		Insurance Company	
Policy Number		Insurance Company Address	
Group Number		Insurance Company Phone Number	

Medical Conditions and/or Concerns	
Please include any precautions or restrictions on activities, as well as concerns relating to emotional and mental wellbeing (including self-harm, depression, effects of medication on their behavior, eating disorders, etc.). We want to provide the most supportive environment possible, and a large part of that is knowing what's going on with Event participants.	
Name of Condition	Effects
Additional Information or Comments:	
Has the Alateen had any adverse reactions to general anesthetics? Yes No	
If yes, please explain:	

<p>I know of no reason(s), other than the information indicated on this form, why the Alateen should not participate in activities except as noted.</p> <p>Signature of Parent/Guardian or Emancipated Teen _____</p> <p>Date _____</p> <p>*Emancipated teens age 17 or under completing this form for themselves must provide a copy of the emancipated paperwork from Juvenile Court to the Event Registration Chair for secure retention by AFGG.</p> <p>This form is necessary in case your child or an emancipated teen requires emergency medical treatment.</p> <p>This fully completed, signed form (and emancipated paperwork if appropriate) must accompany other required registration forms, be kept in a covered binder or folder by the authorized person or transporting AMIAS, and then submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will electronically scan this form at registration and deliver to the Designated Medical Administrator (DMA) if one is present at that event. Upon event completion, the DMA will return the original form to the Registration Chair. This original form will be returned to the authorized person or transporting AMIAS, who will return it to the parent/guardian. The Registration Chair will send the scanned copy to the AAPP for secure retention after the event.</p>

ALATEEN MEDICATION AUTHORIZATION FORM FOR AFGG EVENTS

Date(s) of Event: _____

I understand that the purpose of this form is to allow a Designated Medical Administrator (DMA)* to administer medication to an Alateen during the event taking place on the date(s) written above. I understand if there is a transporting AMIAS, he/she will be responsible for secure delivery of medication to the DMA. The Alateen has the condition(s) set forth below that require that he/she take the prescription and/or over-the-counter medication listed below. I hereby certify that the schedule below includes all medication to be administered to and taken by the Alateen during the event. I acknowledge and agree that the Alateen will not be administered any medication that is not contained in the list below, including over-the-counter medication in a typical first aid kit (e.g., Tylenol, aspirin, aloe vera gel, calamine lotion, anti-diarrhea medication, laxative, antacid, antihistamine, hydrocortisone cream, cough and cold medication), nor will any medication be given in any manner that contradicts the information set forth below. The DMA who administers the medication will keep all medication in its original, marked container, store it securely out of reach of other children, and administer the medication in the dosage and according to the schedule set forth below. I understand I am responsible for assuring that all medication is provided in its original container and – if a prescription – identified as to content, dosage and Alateen's name, and is not expired.
 *A DMA is a healthcare professional licensed to administer medication and hired through an agency.

Medical Condition / Symptoms	Name of Medication	Expiration Date	Dosage (e.g., 1 tablet, 2 tbsp)	When & How Often Dose is Administered (e.g., 1 daily at lunch)	Side Effects	Special Storage Requirements? (e.g., refrigerate)

Are there any emergency medications (e.g., life-saving medication that must be carried by the Alateen) needed by this Alateen? **Yes** **No**

If Yes, please list: _____

If a DMA or AMIAS has any questions or observes the Alateen having any allergic reactions or other side effects, the AMIAS will notify the DMA and the DMA will contact the parent/guardian. AMIAS will not administer medication to Alateens except in life-saving situations. If there is increased difficulty breathing or a significant injury, 911 can be called by anyone.

Signature of Parent/Guardian: _____ Print: _____ Date: _____

_____ (Initial here) I understand that the accompanying AMIAS CANNOT administer routine medication to my teen. Emergency Phone #: _____

AMIAS Pre-Event Notes: _____

AMIAS/Emancipated Teen Signature: _____ Date: _____

This fully completed, signed form must accompany other required registration forms if medication is to be administered by a DMA. This form is to be submitted to the Registration Chair (Alternate Delegate at Assembly and AWSC) to scan electronically and the original delivered to the DMA. Upon event completion, the original form and any remaining medications will be returned to the authorized person or transporting AMIAS, who will return them to the parent/guardian. The Registration Chair will send the scanned copy of this form to the AAPP for secure retention after the event.

This Code of Conduct applies to all Al-Anon Members Involved in Alateen Service (AMIAS) working with Alateens at AFGG Area events. Along with Alateen Safety Guidelines, AMIAS are required to comply with all applicable laws and the requirements herein.

1. **General** – AMIAS should work cooperatively with youth, families, AMIAS, and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
 - AMIAS should represent AFGG with pride and dignity, behave appropriately, refrain from using profanity, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
 - AMIAS should respect, adhere to, and enforce this AMIAS Code of Conduct as well as other rules, policies and guidelines established by GA Alateen Safety Requirements, including state laws and regulations.
2. **One-on-One Rule** - When it is necessary to speak privately with an Alateen, meet in open well-lit spaces or rooms within sight of other AMIAS.
3. **Mentoring** – Programs/Activities that involve mentoring where there is only one AMIAS present should take place in a room or other space that is in full view from outside the room even when the door is closed. These Programs/Activities should only take place in that Area event’s authorized facilities.
4. **Time and Place** – Do not meet with an Alateen outside of the established time or place designated for the Program/Activity.
5. **Transportation** – Never transport an Alateen without parent/guardian permission, a valid driver’s license and insurance. Ensure all passengers use seat belts. All transportation should comply with the AFGG Transportation Form guidelines and policies. AMIAS transport Alateens at their own risk and not on behalf of AFGG.
6. **Privacy** – When it is necessary to supervise Alateens, at least two AMIAS should be present and only to the extent that the health and/or safety requires. The privacy of all individuals should be respected in situations such as toileting, showering and changing clothes.
7. **Overnight** – When supervising overnight activities, AMIAS are not allowed to share sleeping areas with Alateens unless given specific permission to do so by the parent/guardian on the Transportation/Overnight Stay Form.
8. **Sexual Conduct and Communications** – Engaging in any sexual conduct, making sexual comments, telling sexual jokes, or sharing sexually explicit material (or assisting in any way to provide access to such material) with Alateens is prohibited. AMIAS must not engage IN or allow Alateens to engage them in romantic or sexual conversations, or related matters.
9. **Behavior Guidelines** – Follow behavior guidelines created by the group so that everyone knows what is expected during the event. Then, if you or anyone else is uncomfortable with the actions of another member, a discussion regarding the behavior guidelines is appropriate. If the offensive conduct persists, that member can be asked not to return to the event by the event Chair. Before taking such action, the Chair should start with an informed group conscience, referring back to the behavior guidelines and the application of the Twelve Traditions (see WSO Guideline G-16 and/or G-34).
10. **Administering Medication** – Medication must only be administered to an Alateen by a Designated Medical Administrator (DMA) hired by the AFGG event. An AMIAS is not to administer medication of any kind (prescription or over-the-counter) to an Alateen. The only exception is life-saving medication.
11. **Substance Use Prohibited** – Do not use, possess or be under the influence of alcohol, illegal drugs, or any prescription medication that impairs your ability to perform your duties during the event. Do not condone others’ use of alcohol or illegal drugs during the event.
12. **Non-Discrimination** –Verbal, physical, and cyber bullying are prohibited.
13. **Report Injuries** – Report any accident, injury or illness of an Alateen immediately to the DMA and Area Alateen Process Person (AAPP) and follow procedures to complete and process an Illness/Incident Report.
14. **Mandatory Reporter** – All AMIAS are considered mandatory reporters and must comply with State of GA Mandatory Reporter requirements.
15. **Anonymity** -- In the spirit of Tradition Eleven, please do not post recognizable photos of identifiable Al-Anon or Alateen members on websites accessible to the public, including unrestricted pages on social networking sites.

AMIAS MUST SELF-REPORT ANY ARREST, CHARGE, OR CRIMINAL CONVICTIONS OCCURRING AFTER THE DATE OF THE BACKGROUND CHECK TO THE AAPP PRIOR TO ATTENDING THE AREA EVENT.

My signature confirms that I have read and understand this Code of Conduct. My signature further confirms that I agree to abide by this Code of Conduct. Failure to abide by this Code of Conduct may result in my removal from this Area event, exclusion from serving as an AMIAS at future Alateen events, and decertification.

Printed Name

Signature

Date

This fully completed, signed form must accompany other required registration forms and be submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will send this form to the AAPP for secure retention after the event.

AL-ANON FAMILY GROUPS OF GEORGIA, INC.
EVENT RELEASE AND WAIVER OF LIABILITY

**NOTICE—This is a legal document that contains a general release.
It should be read carefully and understood fully before signing.**

In consideration for the willingness of Al-Anon Family Groups of Georgia, Inc. (“Organization”) to accept the individual signing below (“Participant”) as a participant, visitor and/or volunteer at

[INSERT NAME OF EVENT] _____ (“Event”)

and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, Participant does freely, voluntarily and without duress execute the following Release for and on behalf of him or herself and his or her heirs, successors, beneficiaries and assigns:

1. Waiver and Release. Participant releases, forever discharges, indemnifies, and holds harmless Organization and its directors, officers, employees, volunteers, agents, successors and assigns (collectively the “Released Parties”) from any and all liability, claims, demands and causes of action of whatever kind or nature, either in law or in equity, arising out of or relating to Participant’s activities at the Event (“Activities”), including but not limited to any claim for any bodily injury, personal injury, illness, death or property damage that may arise out of, occur during or result from the Activities, regardless of whether caused in whole or in part by an act or omission of a Released Party. Participant also understands that, except as otherwise agreed to by a Released Party in writing, the Released Parties do not provide any financial assistance of any kind, including but not limited to medical, health or disability insurance coverage for any Participant.

2. Medical Treatment. Participant releases, forever discharges, indemnifies, and holds harmless the Released Parties from any claim, demand or cause of action whatsoever arising out of or relating to any first aid or medical treatment rendered in connection with the Activities. Participant also acknowledges and agrees that Participant shall not administer medication to our teens except in life-saving situations.

3. Assumption of the Risk. Participant understands that the Activities may involve acts that may be hazardous to the Participant and are inherently dangerous. Participant hereby expressly and specifically assumes the risk of damage, injury, harm or death in connection with such Activities. In addition to any other risks posed by participating, visiting or volunteering with Organization, the individual signing below understands that, despite any safety precautions being taken by Organization, by participating in, volunteering at or visiting the Event, there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. The individual signing below releases, forever discharges, indemnifies and holds harmless Organization and its directors, officers, employees, volunteers, successors and assigns from any and all liability, claim, costs or expense related to such risk.

4. Media Release. Participant grants and conveys to Organization all right, title and interest in video or audio recordings and photographic images made by or for Organization in accordance with the anonymity statement during Participant’s participation in the Activities, including, but not limited to, any benefits derived from such photographs. The anonymity statement is as follows:

We respectfully ask that no Al-Anon or Alateen speaker or member be identified by full name or picture in published, broadcast, or Web-posted reports of our event. The assurance of anonymity is essential to our efforts to help other families of alcoholics, and our Tradition of anonymity reminds us to place Al-Anon and Alateen principles above personalities. Out of respect for others, please do not take photographs during any of the meetings at this event. Please be considerate when taking photographs, using care that you do not capture images of Al-Anon or Alateen members or their guests who did not give their permission and may not wish to appear in your pictures. In the spirit of Tradition Eleven, please do not post recognizable photos of identifiable Al-Anon or Alateen members on websites accessible to the public, including unrestricted pages on social networking sites.

Attachment E (Cont.)

5. Authority. If Participant is under 18 years of age, this Release must be signed by a Parent or Legal Guardian. The signature of an individual in the Parent/Guardian signature block below certifies that he or she is the Parent or Legal Guardian of Participant with full legal authority to bind Participant and the Parent or Legal Guardian to the terms of this Release.

5. Governing Law. Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Georgia, and that this Release will be governed by and interpreted in accordance with the laws of the state of Georgia without giving effect to its conflict of laws rules. Participant agrees that in the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of that clause or provision will not affect the remaining provisions of this Release, which will continue to be enforceable. Participant agrees that the sole and exclusive jurisdiction and venue for litigation between Participant and Organization will be a state or federal court having jurisdiction over Bibb County, Georgia.

Participant Signature _____

Age as of the date of signing this Release (if under 18) _____

Printed Name _____

Address _____

City/State/Zip _____

Date: _____

If Participant is under 18 years of age, the Release must be signed by a Parent or Legal Guardian unless the Participant is emancipated. Emancipated Participants must provide a copy of a legal court order.

Parent/Guardian signature _____

Printed Name _____

Address _____

City/State/Zip _____

Date: _____

This fully completed, signed waiver (and emancipated paperwork if appropriate) is to be submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will send it to the Archivist for secure retention after the event.

Alateen Code of Conduct

Event Name (e.g. Assembly, Conference, Convention, AWSC): _____

Alateen Name: _____ Event Date(s): _____

Parent/Legal Guardian Name:* _____

This Code of Conduct is to ensure the safety and well-being of all participants in an Alateen event hosted by AFGG. It applies to all participants including minors and their parents/guardians.

Requirements:

- Respect and adhere to AFGG rules and guidelines, including all those specific to this event or activity (see *WSO Guidelines* G-16 and G-34).
- Follow all instructions and directions given by AMIAS and location staff.
- Act in a courteous manner and treat other Alateens, AMIAS and location staff with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey policies and local, state and federal laws.
- In the spirit of Tradition Eleven, please do not post recognizable photos of identifiable Al-Anon or Alateen members on websites accessible to the public, including unrestricted pages on social networking sites.

Participants who fail to adhere to this Code of Conduct may be subject to removal from the event and future Alateen events hosted by the Area. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants.

PARTICIPANT (INCLUDING EMANCIPATED TEEN) ACKNOWLEDGEMENT AND AGREEMENT

I understand that as a condition of participating in this event, I must comply with the event rules and standards. Failure to comply with the reasonable direction of AMIAS and location staff may result in my being dismissed from the event and impact my ability to participate in future Alateen activities at Area events.

Participant's Name (Print)

Participant's Signature

DOB

Date

PARENT/GUARDIAN ACKNOWLEDGEMENT AND AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of this Area event. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of AMIAS and location staff may result in my child's dismissal from the event. I accept responsibility for all costs associated with removing my child from the event, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Alateen activities at Area events.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Emergency Telephone Contact Number

Date

*Emancipated teens age 17 years or under completing this form for themselves must provide a copy of emancipation paperwork from Juvenile Court.

This fully completed, signed form (and emancipated paperwork if appropriate) must accompany other required registration forms and be submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will send this form to the AAPP for secure retention after the event.

Al-Anon Family Groups of Georgia (AFGG) Alateen Event Sign-in Sheet

Event Name: _____ Date: _____

Alateen Name* Group Name	Accompanying Parent or AMIAS* Name and Cell	PARENT 1				AFGG to Retain Originals ²			Verifying Registrar	Forms Returned To / By: Names
		T/ONS	Health	Med	AM-Wav	Al-CoC	AM-Wav	AM-CoC		
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
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Teen:	Name:									To:
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Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:
Teen:	Name:									To:
Group:	Cell:									By:

* For Alateen Conference use only If an AMIAS is attending without a teen, write 'AMIAS' in the Alateen name box, and 'NA' in Health, Med, T/ONS, Al-Wav, Al-CoC boxes, and Forms Returned boxes. If a teen drives him/herself without an accompanying parent/AMIAS, write 'NA' in the Parent or AMIAS box, and 'NA' in the AM-Wav and AM-CoC boxes. Health and Medical forms will be held by the DMA (Designated Medical Administrator) during the conference. All other forms will be held by the Registration Chair.

¹ These 3 forms are to be returned to the authorized person or transporting AMIAS who will return them to the parent/guardian: T/ONS=Transportation/Overnight Stay Form, Health=Health History Form, Med=Medical Authorization Form if medication is to be administered (record 'NA' if no medicine is to be administered).

The Registration Chair will electronically scan these three forms and send the copies to the AAPP for secure retention after the event.

² These 4 forms and Sign-in sheets are to be sent by the Registration Chair to the AAPP for secure retention after the event: Al-Wav=Alateen Participant Waiver, Al-CoC=Alateen Code of Conduct, AM-Wav=AMIAS Volunteer Waiver, AM-CoC=AMIAS Code of Conduct.

Guidelines for Medication Administration By a Designated Medical Administrator**I. Medication Defined**

The definition of medication includes prescriptions, over-the-counter, CBD oil and all substances a person might use to maintain and/or improve their health (e.g. herbals, supplements, and other remedies).

II. General Medication Guidelines

If an Alateen attends an Area Event ("Event") during which he/she may need to take medication, a Designated Medical Administrator (DMA) will store and administer such medication during the Event, in accordance with these Guidelines. A DMA is a health care professional licensed to administer medication and hired through an agency.

1. For each Event, the Alateen's parent/guardian must complete a new Medication Authorization Form. Medication Authorization Forms used for prior Events cannot be used.
2. The Alateen's parent/guardian must provide all medication in its original container and – if a prescription – identified as to content, dosage, and Alateen's name. Al-Anon reserves the right to refuse any medication that is inappropriately packaged or labeled.
3. Except for emergency medication, which is governed by Section IV of these Guidelines, the DMA will securely store all medical forms and medication (complying with special medication storage requirements as necessary).
4. The DMA will maintain a Medication Log for each Alateen, indicating the following information related to each administered medication: Date, Medication, Reason Given, Dose Given, Time, DMA Initials, AMIAS Initials, Alateen Initials, Side Effects/Notes. Each medication entry must be initialed by the Alateen, AMIAS and DMA.
5. If there are any questions, concerns, or uncertainty regarding any medication or the instructions associated therewith, the DMA must immediately contact the parent/guardian of the Alateen and document the content of such conversation in the Medication Log.
6. Upon the conclusion of the Event, all unused medication will be returned to the parent/guardian of the applicable Alateen. Under no circumstances will a DMA retain possession of any medication after the conclusion of the Event.

III. Medication Storage

1. A DMA will store all Alateen medication in a controlled area, either under lock and key or under direct observation. AMIAS are responsible for securely storing their own medication.
 - a. Security is especially important for controlled substances.
 - b. Medication will be accessed only by the DMA involved with medication administration.
 - c. Medication storage accomplishes three purposes:
 - i. Special storage needs, as required (e.g. secure refrigeration, etc.);
 - ii. Preventing access to those for whom it is not intended; and
 - iii. Ensuring appropriate use (and not abuse) of medication by those for whom it is intended.

IV. Emergency Medications

1. Medication that may be needed for an emergency or on an urgent basis, including diabetes medication and supplies, may be carried by the Alateen.
2. The parent/guardian of such Alateen must inform the accompanying AMIAS of the Alateen's need to carry emergency medication prior to the start of the Event.
3. When the Alateen arrives at the Event, the DMA should ensure the Alateen has all emergency medication described by the parent/guardian.
4. During the Event, the DMA will:
 - a. make note of the emergency medication being carried by the applicable Alateen and AMIAS;
 - b. ensure that such medication is appropriately stored so other people cannot access it; and
 - c. ensure that such medication is used appropriately by the Alateen.
5. The Alateen must notify the accompanying AMIAS immediately upon self-administering emergency medication. The Alateen and AMIAS will together immediately notify the DMA.
6. An AMIAS must notify the DMA immediately upon self-administering emergency medication.
7. An AMIAS will not administer medication to an Alateen except in life-saving situations when the DMA is not nearby.
8. Upon notice that an Alateen self-administered emergency medication, the DMA will promptly notify the Alateen's parent/guardian and ask the parent/guardian if they would like the Alateen evaluated/treated by a health care provider.
9. The DMA will note in the Medication Log that the emergency medication was self-administered and the content of the conversation with the Alateen's parent/guardian.

Attachment H (Cont.)

V. Procedure Before the Start of the Event

1. The parent/guardian of the Alateen must provide to the accompanying AMIAS all medication that a DMA is authorized to administer to the Alateen during the Event.
2. Packing and Labeling Medication:
 - a. All medication must be provided in its original container, with the Alateen's name and dosage information listed if appropriate.
 - i. If a prescription label is missing or placed on an external package, the internal item (such as a tube or inhaler) should be, at a minimum, labeled with the Alateen's name, medication name, expiration date, and directions for use.
 - ii. All over-the-counter medication should be packed in the original container.
 - iii. Under no circumstances will the accompanying AMIAS accept loose pills, tablets, capsules, etc. that are not in the original container.
 - b. A complete and signed copy of the Medication Authorization Form must be provided. Include notes of pre-event medication discussion with the accompanying AMIAS.
 - c. All of the above-listed items should be placed into a sealable plastic bag and labeled with the Alateen's name and Event date(s).
 - d. Medication that is not properly packaged and labeled will not be accepted.
3. The accompanying AMIAS will be responsible for confirming the following information prior to the start of the Event:
 - a. The completeness of the Medication Authorization Form;
 - b. The information set forth on the medication label (e.g., Medical Condition/Symptoms, Name of Medication, Expiration Date, Dosage, When and How Often Dose is Administered, Side Effects, and Special Storage Requirements) matches that set forth on the Medication Authorization Form;
 - c. The number/amount of medication is sufficient for the entire duration of the Event; and
 - d. Whether any medication must be specially stored (e.g. refrigerated) and whether such storage requirements can be complied with during the Event.
4. At the start of the Event, the accompanying AMIAS who completed the procedures set forth in this Section V will inform all necessary AMIAS of any emergency medication needs of the Alateen(s) for whom they are responsible and the DMA of all medication needs of the Alateen(s) for whom they are responsible.

VI. Incident/Illness During the Event

1. Should an Alateen become ill, have a health incident, or sustain an injury during the event, they are to be taken immediately to the DMA for evaluation. If there is extreme difficulty breathing or a significant, life-threatening injury, 911 can be called by anyone. If 911 is called, notify the AI-Anon member in charge of the Event to facilitate EMS finding the Alateen and the DMA.
2. The DMA is to call the Alateen's parent/guardian, inform them of the situation and take appropriate action per the parent/guardian's instructions.
3. If unable to reach the parent/guardian, the DMA is to determine if the Alateen needs to go to urgent or emergency care. If it is believed urgent care is needed but an ambulance is not, the accompanying AMIAS is to transport the Alateen to the closest facility taking the teen's Health History Form with them. The AMIAS is to keep the DMA apprised of the situation and bring back any medical documents provided by the urgent care facility. The DMA is to keep any medical documents with the teen's forms.
4. The DMA is to carefully record on the Medication Log (using the back if necessary) all actions taken, the Alateen's current status, and the content of the conversation with the Alateen's parent/guardian.
5. An AFGG Incident/Illness Notification Form should be completed immediately by the DMA and submitted to the Event Registration Chair, including the name of the Alateen, parent/guardian name and phone number, and a description of what occurred, who was notified, and what remedial actions were taken.

VII. Distribution and Adherence

1. These Guidelines will be provided to Alateens, their parents/guardians, AMIAS, DMA, the Event Chair, and all other relevant persons.
2. The DMA should:
 - a. Have open lines of communication among all involved AMIAS and Alateens while maintaining and protecting the Alateen's health information; and
 - b. Strictly adhere to the procedures set forth in these Guidelines.

ALATEEN MEDICATION LOG

Alateen Name: _____

Event Name and Date(s): _____

Date	Medication	Reason Given (Routine / Symptom)	Dose Given	Time AM / PM	DMA Initials	AMIAS Initials	Alateen Initials	Side Effects / Notes

DMA: _____ Signature _____ Print Name _____

A Designated Medical Administrator (DMA) is a health care professional licensed to administer medication and hired through an agency. If there are any questions, concerns, or uncertainty regarding any medication or the instructions associated therewith, the DMA must immediately contact the parent/guardian of the Alateen and document the content of such conversation in the Medication Log.

This form will be completed by the DMA and turned in to the Registration Chair at the close of the event. The Registration Chair will send this form to the AAPP for secure retention.

Alateen Incident/Illness Notification Form

Alateen Name (print): _____ Date of incident/illness: _____

Name of Event: _____

Brief Description of incident/injury/illness: _____

Brief Description of what happened: _____

Accompanying AMIAS Name (print): _____

WSO AMIAS Certification #: _____ (to be inserted by the AAPP)

AMIAS Signature: _____ Date: _____

Name of DMA completing this form (print): _____

DMA Signature: _____ Date: _____

DMA Agency: _____

DMA Agency Contact Name: _____ Phone #: _____

A DMA (Designated Medical Administrator) is a health care professional licensed to administer medication and hired through an agency. This form is to be completed immediately upon occurrence of an injury, illness or medication incident by the DMA at an AFGG sponsored event. This completed form is to be given to the event Registration Chair (Alternate Delegate at Assembly and AWSC) who then sends this form along with any other required registration forms, to the AAPP for secure retention. If the injury, illness or incident occurs during transportation prior to the start or after the completion of an event, or during an event that does not have a DMA, the accompanying AMIAS is to immediately complete this form and send it to the AAPP.

Attachment K

Parking Lot of Questions, Issues, or Concerns Outside the Scope of the Committee

During our work on reviewing current AFGG forms and ASBRs, the SC realized that there are no guidelines or an outline of SC responsibilities. Since the Area now has an Alateen Work Group, the SC recommends that a thought or task force be created to document the separate responsibilities of these two groups.