

**GEORGIA ALATEEN
PERMISSION/MEDICAL FORM**

PLEASE READ COMPLETELY AND CAREFULLY BEFORE SIGNING. THIS FORM MUST BE FILLED OUT ENTIRELY AND BEAR AN ORIGINAL PARENT OR GUARDIAN SIGNATURE IN ORDER FOR THE ALATEEN MEMBER TO ATTEND AN AL-ANON/ALATEEN FUNCTION WITH AN AMIAS. THIS FORM ALSO REQUIRES THE SIGNATURE OF ALATEEN MEMBERS BELOW PARENT/GUARDIAN SIGNATURE. A NEW FORM IS REQUIRED FOR EACH FUNCTION. THIS FORM IS NOT REQUIRED FOR REGULAR MEETINGS.

AMIAS

(Al-Anon Member Involved in Alateen Service)

Alateen Member

Full Name
Phone

Full Name	Date of Birth
Address	
City, State, Zip	
Phone	

Pick-up Location: _____

Single Event Location: _____

Drop-off Location: _____

Authorized Signature by Parent or Legal Guardian

Phone

Date

Emancipated teens age 17 years or under must provide copy of the emancipated paperwork from Juvenile Court

Consent to Treatment of the Alateen Member/Hold Harmless Statement

As the Parent/Guardian of the aforementioned Alateen Member, I am fully responsible for any cost(s) incurred for medical treatment/services required and obtained on said member's behalf. I hold harmless the function attended by my child. I further hold harmless The Al-Anon Family Groups of Georgia, Inc. (AFG of GA, Inc.) and any affiliated Al-Anon/Alateen Group, District, Information Service Office, Al-Anon Member Involved In Alateen Service (AMIAS), Sponsor(s), or authorized representative thereof; should any harm come to my child as a result of his/her participation in this activity and/or procurement of medical treatment. 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 an incident/illness or need for medical attention, I give Al-Anon Members Involved in Alateen Service 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 Alateen Member.

I agree that failure of the Alateen to abide by safety instructions or participation in any disruptive behavior as determined by the AMIAS may mean dismissal from the function, and that the parent/guardian will be responsible for picking the Alateen up from the function.

This authorization shall remain in effect from _____ to _____
Date (mm/dd/yyyy) Date (mm/dd/yyyy)

Parent or Legal Guardian (print): _____

Parent or Legal Guardian (signature): _____

Alateen Signature: _____

Emergency Phone Numbers: (1) _____ (2) _____

Medical Insurance Information: Company: _____ Policy Number: _____

Please list any allergies: _____

Please list any medications currently being taken: **(Include dosage and frequency of prescription(s) and over-the-counter medicines):**

Please list any/all known health conditions: _____

If you wish an AMIAS to administer prescription medication to your child, you must bring a signed permission slip listing dosage, times for medication and authorization for this to occur. It is helpful to have the medication in a plastic zip lock bag with the child's name on the outside and all dosage information inside.