

Teen
Authorization To Obtain Medical Care Form – Page 1

Participant Name: _____ Participant's Date Of Birth _____

Alateen Group Name: _____

Sponsor Name (s): _____ and _____

For the above named participant to attend and take part in the Alateen event, both pages of this medical form must be filled out completely, signed by the participant's parent or legal guardian, and notarized. Participants over the age of 18 as of the start of said event do not need parental permission but must sign this form themselves, have it notarized and attach a copy of their birth certificate or driver's license as proof of age.

1. Does your child/ward have, or has he/she had any of the following diseases or problems. If so, please circle:

ASTHMA	HIVES	DIABETES
LIVER TROUBLE (HEPATITS)	TUBERCULOSIS	FAINING SPELLS OR SEIZURES
LOW BLOOD PRESSURE	HEART TROUBLE	EPILEPSY
HIGH BLOOD PRESSURE	HYPOGLYCEMIA	STOMACH ULCERS

OTHER _____

2. Is your child/ward on any prescriptions, over the counter drugs, pills or remedies (list any and all, including birth control):

NOTE: During CAWW all medicines and remedies will be held and dispensed by a registered nurse during the weekend. All medications (including prescription and over the counter drugs) must be in their original containers with labels firmly in place. Regarding "epi" pens and inhalers: If you want your child/ward to be able to keep either (or both) of these items on their person because of the severity of their condition and not turn them into the registered nurse, please write and sign a letter of permission and attach it to this form. All inhalers must have a label from their original box.

For all other Al-Anon/Alateen events, unless otherwise specified, all medicines and remedies will be the responsibility of the parent/guardian/ or other adult authorized to be in charge of the Alateen during the event.

3. Does your child/ward have any allergies to bee stings, insect bites, food, pollens, drugs, latex or anything else? If yes, please list and explain.

4. Has your child/ward ever had a reaction to any of the following? Please circle and explain:

PENICILLIN SULFUR DRUGS LOCAL ANESTHETICS /SEDATIVES ASPIRIN

OTHER _____

5. Date of last tetanus shot (must be within 10 years): _____

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6. Does your child/ward have any other conditions or problems not listed above that you think we should know about? Please list and explain:

7. Primary Care Physician: _____ Phone Number: _____

8. Insurance Company Name _____
Name of Policy Holder _____ Relationship _____
Policy Number _____ Expiration Date _____

PLEASE FILL OUT BOTH SECTIONS COMPLETELY, SIGN & NOTARIZE.

HOLD HARMLESS STATEMENT

As the parent/guardian of _____ (participant's name), I am responsible for payment of any medical services required and obtained on said participant's behalf. I further hold harmless the event attended by my child/ward and

_____ (insert name and WSO registration number of group, District, and Area)

or authorized representative thereof, should any harm come to my child/ward as a result of his/her participation in this activity/event for procurement of medical treatment.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO OBTAIN MEDICAL CARE

I hereby authorize (sponsor's/Authorized adult name) _____ and (sponsor's/authorized adult name) _____ who are the Alateen sponsors/authorized adult of (participant's name) _____ during the Alateen activity/event that is being held. I believe that the above medical information about (participant's name) _____ is true and accurate to the best of my knowledge.

DATED THIS _____ DAY OF _____, _____

(signature of parent/guardian)

(signature of participant if 18 years or older)

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ to me and known by me to be the person who witness my hand and seal this _____ day of _____, 2____.

Notary Public _____

State of _____ My Commission expires: _____

AFG Convention Teen Guidelines

Dear Parents, Guardians, and Alateen Sponsors,

Following are the Alateen guidelines set forth for the AFG Convention for our Alateens.

All teens need permission slips and medical forms filled out and presented to pre-registration prior to the Convention. If there are no forms, there will be no admission to the pizza party on Saturday night.

Medications are the sole responsibility of the teens. There is no designated nurse.

Curfew will be 1 am for all teens spending the weekend at the Hotel.

Loitering and/or sleeping in the lobby or hotel hallways will not be permitted. If a teen is not staying in a Hotel room, they must vacate the premises by 1 am.

All teens staying in Hotel rooms, must be staying with a parent, legal guardian, or sponsor. All teens staying with Sponsors must have permission slips and medical forms filled out, notarized, and signed, and presented to pre-registration.

Mandatory meetings for all teens and sponsors will be Friday night Keynote, Saturday night Keynote, Sunday morning Spiritual, and at least two other Al-Anon, Alateen, or AA meetings. A full Alateen program is scheduled for Saturday and it is strongly suggested that teens attend at least two of the Alateen meetings.

Possession of/or drinking alcoholic beverages or possession or use of any kind of illegal non-prescription drug is strictly forbidden for teens while attending the AFG Convention.

Parents/Legal Guardians of teens will be fully, financially responsible for any damages caused by the teen.

Smoking regulations must be observed in accordance with Hotel regulations.

Program Love only will be permitted at this AFG event. Heavy petting, kissing, and other overt sexual behavior is strictly prohibited.

Any overt or covert sexual interaction between any adult member and Alateen member is strictly prohibited. Such conduct, which has the purpose or effect of substantially creating an intimidating, hostile, distracting or offensive atmosphere within the event, will result in immediate removal of the member from the AFG Convention, termination of service position (if applicable) and the member will be subject to administrative, civil, and/or criminal penalties. Such acts include but are not limited to: sexual advances, suggestive or lewd remarks, unwanted hugs, touches, kisses or other unwanted physical touching, requests for sexual favors, retaliation for complaining about inappropriate conduct, contact, statements or physical touching; and/or sexual harassment, derogatory posters, cartoons, drawings, email or other communications.

Young people or Alateens attending the AFG Convention with their parents are the sole responsibility of their parents during the convention. Baby sitting services are not available.

I have read, understand, and agree to the above guidelines for Alateens at the AFG Convention

Parent/Guardian _____ **date** _____ **Alateen** _____ **date** _____

PERMISSION SLIP CT AFG CONVENTION (year) _____

Participant Name: _____ **Participants Date of Birth** _____

Alateen Group Name _____

Sponsor Names: _____ and _____

Your (son/daughter/ward) wishes to participate in the (year)_____ Connecticut AFG Convention), which will take place from Friday, (date) _____, (year)_____ through Sunday,(date) _____,(year)_____ at the (facility) _____ in (location) _____, CT.

The primary purpose of Alateen participation at the convention is for teens to share their *experience*, strength and hope with other Alateens and to increase their understanding of *the* twelve steps and traditions of the Alateen program. The weekend is not just a fun weekend but also an opportunity for sharing and fellowship with other Alateens, Sponsors, Al-Anons and AAs.

Important: For this permission slip to be valid, the attached medical form must be notarized and attached.

Teenage participants must also adhere to specific behavior guidelines (see 'Teen Guidelines' attached).

I, (name) _____ am the (circle one) Parent / legal guardian of (teen participant's name)

_____ By signing this form I am giving my permission for my (circle one) son / daughter / ward to attend the (year)_____ Connecticut AFG Convention.

By signing below I acknowledge and agree that circle one (I myself, Alateen Sponsor, Friend/Relative), _____ (responsible person attending the convention with the Alateen) _____, will be in charge of my teen, and I authorize the above named person to make any and all decisions in the best interest of my child and on my child's behalf.

Parent / Guardian Signature _____ **Date** _____

Address _____

Please give all applicable numbers where you can be reached during AFG Convention (year)_____ : (home)

(work) _____ Cell _____

(other, please specify) _____

Emergency-Contact (other than Parent/Guardian).

Address

Please give all applicable numbers where this Contact can be reached during AFG

Convention (year)_____ : (home) _____ (work) _____

Cell _____

'other, please specify)

I (name of Alateen) _____ agree that I am In the charge of (Parent, Sponsor, Friend/Relative's name)

_____ during AFG Convention (year)_____. I have read the **Teen Guidelines** and agree to adhere to all the rules for the weekend.

participant Signature _____ Date _____