

GEORGIA ALATEEN
PERMISSION/MEDICAL/DRIVING FORM
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THIS FORM MUST BE FILLED OUT ENTIRELY AND BEAR AN ORIGINAL NOTARY SEAL IN ORDER FOR THE ALATEEN MEMBER TO PARTICIPATE.

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your sponsor (as identified in the Georgia Alateen Guidelines).

SPONSOR: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

ALATEEN MEMBER S'INFORMATION

FIRST AND LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER (including Area Code) _____

SPONSOR INFORMATION

FIRST AND LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER (including Area Code) _____

EVENT INFORMATION

NAME OF EVENT: _____

LOCATION OF EVENT: _____

ADDRESS OF LOCATION: _____

PHONE NUMBER OF EVENT (including Area Code) _____

DATE, TIME AND PLACE OF DEPARTURE: _____

DATE, TIME AND PLACE OF RETURN: _____

MODE OF TRANSPORTATION: _____

(Include make, model, year of vehicle and license plate number.)

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CUSTODIAL PARENT/GUARDIAN INFORMATION

FIRST AND LAST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE NUMBER: () _____ WORK PHONE NUMBER: () _____

DURING THE EVENT, I CAN BE REACHED AT: () _____

NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

FIRST AND LAST NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE NUMBER: () _____ WORK PHONE NUMBER: () _____

DURING THE EVENT, I CAN BE REACHED AT: _____

DRIVING CONSENT

Please check the appropriate space and initial if the parent/guardian grants consent or does not consent for the Alateen to drive TO and FROM the event in their own or a parent/guardian provided vehicle. YES _____ NO _____

If Yes is checked, please provide the following information:

Make and Model of Vehicle _____ Color _____

License Number _____ Tag Number _____ State _____

I certify that the vehicle being used is covered with appropriate liability insurance. I am aware that there will be no other adults in the vehicle while traveling.

Please check the appropriate space and initial if the parent/guardian grants consent or does not consent for the Alateen to have other Alateens ride in the vehicle TO and FROM the event. YES _____ NO _____

Please check the appropriate space and initial if the parent/guardian grants consent or does not consent for the Alateen to ride TO and FROM the event with another Alateen who have been granted the above driving consent. YES _____ NO _____

If Yes is checked, please provide the following information:

Name of Alateen Driver _____ and above vehicle, license, tag and state information.

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AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, the following information must be provided, along with an original notary seal. When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event will be prohibited if the information on this entire form is not properly provided and notarized.

DISEASES/ALLERGIES/MEDICATIONS/ MEDICAL CONDITIONS

NAME (Alateen Member) _____

Please check if he or she has (had) the following diseases or problems:

Heart Trouble _____ Tuberculosis _____ Stomach Ulcers _____ Asthma _____
High Blood Pressure _____ Low Blood Pressure _____ Epilepsy _____ Diabetes _____
Liver Trouble (Hepatitis) _____ Fainting spells or Seizures _____ Hives _____

Other (Please describe) _____

Please check if he or she has (had) any allergic reaction from the following list:

Penicillin _____ Local Anesthetics _____ Aspirin _____ Sulphur Drugs _____
Sedatives _____ Pollens _____ Bee Stings/Insect Bites _____

Food (please list) _____

Other (please describe) _____

CURRENT MEDICATIONS

Please list all prescriptions and over-the-counter drugs. These medication must be in their original container(s) with labels firmly in place.

Alateen member is currently using the following medications:

OTHER CONDITIONS OR PROBLEMS

Alateen member has the following condition or problems not listed above that you should know about: (please explain)

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As the Parent/Guardian of the Alateen Member named on this form, I am fully responsible for any cost incurred for medical treatment.

HOLD HARMLESS STATEMENT

As the parent/guardian of aforementioned Alateen Member, I am fully responsible for any cost incurred for medical treatment/ services required and obtained on said member's behalf. I hold harmless the event attended by my child. I further hold harmless The Al-anon Family Groups of Georgia, Inc, any affiliated Al-Anon/Alateen Group, District, Information Service Office 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.

PARENTAL/GUIDIAN PERMISSION (to be signed in the presence of the Notary) and includes all pages of this form in its entirety.

I _____ hereby grant permission to _____ (Alateen Member) to travel to and from and to participate in the _____ (event name) under the supervision of _____ (Sponsor Name) on _____ (dates of event including travel time).

NOTARY STATEMENT

State/Province of _____

County of _____

All contents of the form is authorized upon my signature below for the duration of the above stated function on behalf of

_____, as the Alateen Member who is my (state relationship son, daughter, etc)_____.

Date this _____ day of _____ 20____. _____
(Signature of Parent or Guardian)

Before me, the above signed authority, on this day personally appeared _____, to me known and known by me to be the person who signed the above authorization, and acknowledged to me that (s)he executed the same for the purpose there in stated.

WITNESS my hand and seal this _____ day of _____ 20____.

NOTARY PUBLIC

My Commission Expires:

Seal: