

## Area 20 Kansas Alateen Permission/Medical Form

SECTION I. I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, Social Security No. \_\_\_\_\_, 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.

\_\_\_\_\_  
PARTICIPANTS'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