

ALATEEN PERMISSION FORM

Each Alateen must submit both sides of this form. Parent (Guardian) must sign consent.

Name: _____ Adult Accompanying: _____

Medication/Prescriptions: _____

Allergies: _____

Other accommodations or considerations: _____

PARENT/LEGAL GUARDIAN INFO

Address: _____

City, State, Zip: _____

Phone: (_____) _____ E-Mail: _____

Relationship to Alateen Member: _____

PARENT/LEGAL GUARDIAN CONSENT

As the parent/legal guardian, I have reviewed the information concerning the 2017 TN AFG Convention and give permission for _____ to attend.

As the parent/legal guardian, I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expense as a result of illness or injury, that I will accept full responsibility for such expenses.

I hereby release and discharge the Al-Anon/Alateen Family Groups, their representatives, the Alateen Sponsor or AMIAS, and the selected responsible adult from any and all liability, which may result from any injury or illness sustained by said child from any cause whatsoever in connection with this trip, including transportation to and from all related activities.

Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect his/her safety and the maturity and judgment not to put themselves or others in dangerous situations.

Signature: _____ Date: _____