

FORM A: INFORMATION AND PERMISSION FORM

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

ALATEENS: Please return this completed form to your Al-Anon Member Involved in Alateen Service (AMIAS) or accompanying adult.

AMIAS/ADULT ESCORT: 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/Province: _____

Zip/Postal Code: _____

Phone Number: (_____) _____

Date of Birth: _____

AMIAS/ADULT ESCORT INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: (_____) _____

EVENT INFORMATION

Name of Event: _____

Location of Event: _____

Address of Location: _____

Phone Number of Location: (_____) _____

Date & Time & Place of Departure: _____

Date & Time & Place of Return: _____

Mode of Transportation : _____

(include make, model, year of vehicle & license plate number)

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CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: Home (_____) _____ Work (_____) _____

During this event, I can be reached at: (_____) _____

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

First, Last Name & Relationship: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: Home (_____) _____ Work (_____) _____

HOLD HARMLESS STATEMENT

As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

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

Parent/Guardian Signature: _____ Date: _____

PARENTAL PERMISSION (to be signed in the presence of the AMIAS/escort)

I, _____ hereby grant permission to _____ to travel to and
(Parent/Guardian Name) (Alateen member name)
from and to participate in _____ under the supervision of
(Event Name)

_____ on _____
(AMIAS/Escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature: _____ Date: _____