FORM B: MEDICAL FORM

AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out.

DISEASES/MEDICAL CONDITIONS

(Alateen member) _____ has (had) the following diseases or problems:

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

_____

_____

ALLERGIES

(Alateen member) _____ has had allergic reaction from the following: (please check):

Penicillin _____
Local Anesthetics _____
Aspirin _____
Sulphur Drugs _____
Sedatives _____
Bee Stings/Insect Bites _____
Pollens _____
Foods (please list)

_____

Other (Please Describe)

_____

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CURRENT MEDICATIONS

Please list all prescriptions & over-the-counter drugs. These medications 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)

_____

MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space below.

Name of Insurance Co. _____

Employer Name _____

Group ID Number _____

(or attach a medical coupon if covered by Medicaid)

Al-Anon Member Involved in Alateen Service (AMIAS)/Responsible Party

Name_____ is authorized upon your signature below to obtain any medical care necessary for the duration of the above stated function on behalf of (Participant's Name)_____

who is my _____

(state relationship-son, daughter, etc

Dated this _____day of _____20_____

_____

(Signature –if 18 or over) (Signature of parent or guardian, if under 18)

Complies with the State of Oregon Laws