Southern California World Service Area

ALATEEN TRAVEL and TREATMENT AUTHORIZATION

To Be Carried While Traveling To and From Any Alateen/Al-Anon Event

DRIVER - AMIAS (Al-Anon Member Involved in Alateen Service)	MINOR (Alateen Member)
Full Name:	Full Name:
Address:	Address:
City, St., Zip:	City, St., Zip:
Phone:	Phone:

I do hereby authorize the driver listed above to transport the minor listed above to and from the following:

Pick-up location:_____

Event name & location:_____

Drop-off location:_____

_____ _____ _____

Authorized signature by parent or legal guardian Phone Date

CONSENT TO TREATMENT OF A MINOR

In case of an emergency, (I), (We), the undersigned parents (guardians) of the minor listed above, with date of birth on _____/_____/_____, do hereby authorize the **AMIAS** listed above as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is tendered under the general and special supervision of any licensed medical and/or dental professional or an individual working under the supervision of any licensed medical or dental professional (professional) regardless of location.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the aforementioned professional in the exercise of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California and shall remain in effect from _____ to _____.

date (dd/mm/yyyy) *date (dd/mm/yyyy)*

I acknowledge that as the parent/guardian of the Alateen member, I am responsible for payment of any medical services required and obtained on the Alateen members behalf. I further hold harmless the event attended by my child, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent or Legal Guardian (print):_____

Parent or Legal Guardian (signature):_____

Emergency Phone Numbers: (1)_____ (2)_____

Medical Insurance Information: Company: _____ Policy Number:_____

Please list any allergies:_____

Please list any medications currently being taken:_____

(Include prescription and over-the-counter medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)

ANYONE USING ANY MEDICATION MUST REPORT THIS INFORMATION TO THE DRIVER UPON ENTERING THE VEHICLE