

# FORM A: INFORMATION AND PERMISSION FORM

Page 1 of 2

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)

# FORM A: INFORMATION AND PERMISSION FORM

Page 2 of 2

## 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: \_\_\_\_\_