

KENTUCKY AREA 21 ALATEEN/AL-ANON AUTHORIZATION TO OBTAIN MEDICAL CARE

(Must be notarized)

I hereby authorize _____, who is the Sponsor of _____
_____ to obtain any necessary medical care during the weekend of _____

DATE OF BIRTH: _____

Please note if this person has any of the following diseases or problems:

Heart trouble	Y	N	High Blood Pressure	Y	N
Asthma	Y	N	Low Blood Pressure	Y	N
Hives	Y	N	Fainting spells or Seizures	Y	N
Liver Trouble (Hepatitis)	Y	N	Stomach Ulcers	Y	N
Tuberculosis	Y	N	Diabetes	Y	N

Allergies to any foods, pollens, or drugs? If so, please explain: _____

Current medications: _____

Have you ever had a reaction from any of the following?

Penicillin	Y	N	Sulfa Drugs	Y	N
Local Anesthetic	Y	N	Sedatives	Y	N
Aspirin	Y	N	Other	Y	N

Have you ever had (or do you now have) any condition or problem not listed above that you think we should know about? Please explain.

Dated this _____ Day of _____, 20__ .

Signature (if over 18)

Parent or Guardian Signature (if under 18)

State of: _____ SS: _____

County of: _____

Before me, the undersigned authority, on this day personally appeared _____
To me known and known by me to be the person who signed the above Authorization, and acknowledged to me that (s)he WITNESSED my hand and seal this _____ Day of _____, 20__ .

NOTARY PUBLIC Signature _____

NOTARY PUBLIC, state of _____

My commission expires: _____

**KENTUCKY AREA 21 ALATEEN/AL-ANON
INFORMATION AND PERMISSION FORM**

PARENTS: Please read, complete, and sign this form.

MEMBERS: Please return this completed form to your Sponsor.

NAME: _____

HOME ADDRESS: _____

TELEPHONE NUMBERS: HOME: _____ CELL: _____

NEAREST RELATIVE'S NAME
and TELEPHONE NUMBER: _____

Date of Birth: _____

Name of Insurance Company: _____

Policy Number: _____

Does this person have any illness and/or allergies? If yes, please explain:

I, _____ hereby grant permission to _____
Name of Parent Name of Attendee

to travel to and from Alateen meetings/conventions/mini-conventions/workshops for the period

of _____ to _____

under the supervision of _____
Sponsor's Name

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____