

# Kansas 37th Annual Al-Anon/Alateen Conference Permission/Medical Form

**Attention:** Parents/guardians, sponsors: Minor/Alateen participation (regardless of age) must complete this form (send one in with registration and if applicable, copy one for Sponsor/Driver of vehicle in which the participant will be riding during travel to and from the Kansas 37th Annual Al-Anon/Alateen Conference). Each and every Minor/Alateen participant shall have completed this form and a notarized signature of a parent/guardian, if applicable hereon, as a condition of attendance at the Kansas 37th Annual Al-Anon/Alateen Conference. ALL REQUESTED SIGNATURES ARE REQUIRED (including participants, parents/guardians, and sponsors).

**SECTION I.** I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_, Social Security No. \_\_\_\_\_, and hereby grant permission for him/her to take part in the Kansas 35th Annual Al-Anon/Alateen Conference. I agree that the Kansas 37th Annual Al-Anon/Alateen Conference Committee is in charge and will at all times make decisions in the best interest of all who attend. My spouse, co-guardian, and my child agree to be bound thereby. I will not hold the Kansas 37th Annual Al-Anon/Alateen Conference Committee, Sponsor(s), Al-Anon Members Involved in Alateen Service, Nurses, Emergency Medical Technicians, Driver(s), responsible for any injuries or theft. I further agree to indemnify any and all entities from any and all further claims or demands. I further stipulate that this release shall be binding on the heirs, personal representatives and assigns of the signatories hereto and their spouses and/or co-guardians. In case of accident or need for medical attention, I give \_\_\_\_\_ (Sponsor/Driver) my permission to use their best judgment in the selection of any medical, dental or hospital authorities and/or facilities available nearby to treat said child. I agree to be financially responsible for such treatment. My full address is: \_\_\_\_\_ and the Emergency Phone Number(s) to reach me are: \_\_\_\_\_.

**SECTION II.** Medical information for my child is as follows: \_\_\_\_\_ is carrying with him/her the following prescriptions or over the counter medications:

He/she is allergic to: \_\_\_\_\_  
Our medical insurance is with: \_\_\_\_\_  
Policy No. of Insurance: \_\_\_\_\_  
Prescribed medication (dosage & time) presently taking: \_\_\_\_\_

**SECTION III.** ALL SIGNATURES REQUESTED ON THIS FORM ARE REQUIRED  
PARENT/GUARDIAN'S SIGNATURE MUST BE NOTARIZED.

\_\_\_\_\_  
PARTICIPANTS'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

State of Kansas )  
                          ) ss:  
\_\_\_\_\_ County )

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, A Notary Public in the County and State first above written.

NOTARY SEAL

\_\_\_\_\_  
NOTARY PUBLIC

My Appointment Expires: \_\_\_\_\_

I, \_\_\_\_\_, agree to sponsor \_\_\_\_\_ for this conference.  
(parent/guardian/sponsor's name)                      (participant's name)

\_\_\_\_\_  
Signature of parent/guardian/sponsor