Alateen Permission & Medical Consent Form

ALATEEN MEMBER

First Name: _____

Last Name: _____

Address: _____

City & Zip: _____

Cell Phone: _____

Home Phone: _____

Date of Birth: _____/_____/_____

ALATEEN MEMBER's MEDICAL INFO

Insurance Company: _____

Policy Number:_____

Medication	Dosage	Time to be administered

Allergies:

Other Health Concerns (asthma, diabetic, etc):

☑ I agree to comply with the Alateen Behavioral Guidelines and understand that I must be supervised at all times by a parent/guardian or Event Sponsor/AMIAS Chaperone, even if I am not a minor.

Alateen Member (signature): _____ Date signed: ____/_____/_____

I *the undersigned parent/legal guardian of the Alateen Member stated above* do hereby grant permission for the Alateen Member to participate in the event stated above and grant the Event Sponsors *stated above* to act on my behalf in order to authorize medical care during the event.

CONSENT TO TREATMENT OF A MINOR

In case of an emergency, I *the undersigned parent/legal guardian of the minor listed above* do hereby 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

I acknowledge that as the parent/legal guardian of the Alateen member, I am responsible for payment of any medical services required and obtained on the Alateen member's behalf. I further hold harmless the supervising AMIAS's, 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 (signature): _____ Date signed: ____/_____/_____

PARENT/LEGAL GUARDIAN INFORMATION

First & Last Name (print): _____

Address: _____

City & Zip: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact (in case parent/guardian above is unavailable): _____