

TRAVEL AUTHORIZATION AND CONSENT TO MEDICAL TREATMENT OF A MINOR

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

Complete This Form Regardless of Age (Please Print)

I do hereby authorize \_\_\_\_\_ (Driver) to transport \_\_\_\_\_ (Minor) to/from all events \_\_\_\_\_ (destination)

Authorized signature by parent or legal guardian

Phone

Date

In case of an emergency, (I), (We), the undersigned parents (guardians) of \_\_\_\_\_

a minor with date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_, do hereby authorize \_\_\_\_\_ as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and 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 shall remain effective for one year from January 1st through December 31st, 20\_\_, unless revoked sooner in writing and delivered to said agent.

**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, group, district, area, members 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.

**SIGNATURES:**

**Date:** \_\_\_\_\_

Parent or Legal Guardian (Sign): \_\_\_\_\_

Parent or Legal Guardian (Print): \_\_\_\_\_

Witness other than Parent or Guardian Sign: \_\_\_\_\_

Witness other than Parent or Guardian Print: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

**(Include allergies to medicines such as penicillin, local anesthetics, aspirin, sulfa drugs or sedatives)**

Please list any medication currently being taken: These medications must be in their original container(s) with labels firmly in place.

Medical Insurance Information: (Copy of insurance card is permissible)

Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

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