

ALATEEN FORMS REQUIRED FOR CONVENTION ATTENDANCE

Please note: These forms can be found in the *Connecticut Alateen Group Sponsors/AMIAS Policies/Procedures* (listed by page numbers). www.ctalanon.org/members/alateen

Authorizations to Obtain Medical Care—Form E

Authorization to Obtain Medical Care—Alateen Medical Form (E) For Event ParticipationPages 33-34

- Need to be filled out **by/for all Alateen Attendees** and **signed** by their Parent/Legal Guardian (responsible Adult 25 years old) whether or not the Alateen is attending the Closed Pizza Party, which is for CT Alateens who are currently attending meetings regularly and CT AlateenSponsors.
- Always keeping in mind, the safety of our Alateens, this completed “Authorization to Obtain Medical Care” form is necessary in that if a Parent/Legal Guardian cannot be located, an Alateen can receive emergency medical care if needed.
- **Medical Care Forms Must to be Notarized before they are brought to the Convention.**

Alateen Information/Permission—Form D

Permission for an Alateen to Attend an Event *under the supervision* of a Responsible Adult Pages 31-32

Need to be filled out by Parent or Legal Guardian (25 years old) for the Alateen Attendee and **signed** in the Presence of the Sponsor, AMIAS, or Chaperone who has been given permission by the Parent or Legal Guardian to supervise (and provide transportation if applicable) the Alateen at an event.

AFG Convention Teen Policies/Procedures for All Al-Anon/Alateen Participating EventsPage 30

To be read and **signed by all Alateen Attendees** and their Parent/Legal Guardian.

Responsibilities at Group Meeting and Events

Alateen Responsibilities at Group Meetings/Events (including Convention) Page 15

To be read prior to and adhered to by **all Alateens** during the Convention.

Connecticut Alateen Travel Policy Page 16

Must be read and signed by **both Alateen Attendees and their Parent/Legal Guardian**(25 year-old)..... **Page 16**

- All applicable forms need to filled out, signed and notarized (when applicable) and brought to the registration table for check-in as part of your registration.
- Please help us provide a safe place for our Alateens and try to make the registration process go as simply and smoothly as possible by having your forms in order.

“Parents/Guardians (or designated Area certified escorts) are responsible for their children at all times during the event.

ALATEEN RESPONSIBILITIES AT GROUP MEETINGS/EVENTS

1. Alateens, along with their Group Sponsor, must accept full responsibility for their groups. Those not complying with Policies/procedures may be asked not to attend.
2. Teens attending the group meetings are to be within the stated age limit as decided by the group but no older than 19 years of age.
3. Teens can arrive at the meeting location prior to the start of the meeting/event provided a sponsor is present. Teens are to be picked up promptly (or depart promptly if driving themselves) at the end of a meeting. No teen should be left unattended.
4. Possession of/drinking alcoholic beverages or possession or use of any kind of drug at any Alateen event or prior to arrival is strictly forbidden. Participants are reminded that purchasing, possessing or serving alcoholic beverages and/or drugs will make them liable to legal punishment. The offender will be asked to leave.
5. It is preferred, if at all possible, that each Alateen group meet in the same location and time as its Al-Anon supporting group. Thereby, in case of an emergency, the incident may be reported immediately to a sponsor or another Al-Anon member.
6. Smoking regulations must be observed in accordance with meeting location.
7. Parents/Legal Guardians (25 years old) of teens will be financially responsible for any damage done at meeting site.
8. All teens are required to adhere to these Policies/procedures. Violations of these behavioral meeting requirements may result in consequences and possible expulsion.
9. Any overt or covert sexual interaction between Alateen members (same sex or opposite sex), Al-Anon member or any adult is strictly prohibited. Such conduct, which has the purpose or effect of substantially creating an intimidating, hostile, distracting, or offensive atmosphere will result in expulsion from the event and all future events/meetings. Such acts may include but are not limited to: unwelcome sexual advances; suggestive or lewd remarks; unwanted hugs, touches, kisses or other unwanted physical touching; requests for sexual favors; retaliation for complaining about inappropriate conduct, contact statements or physical touching; and/or sexual harassment; derogatory posters, cartoons, drawings, email or other communications. Please remember you are an example at all times of the Alateen program.
10. Program love only will be permitted at any meeting and/or event including all Conventions.
11. Alateens wishing to attend CAWW, must be registered as an Alateen at the AFG Convention as well as **all** participating events. Please discuss with your Group Sponsor if you have any questions.
12. Alateens attending Conventions with Al-Anon participation will adhere to the Al-Anon Convention Policies/procedures.
13. Registration- the adult designated on the form is aware and willing to be responsible for the teen(s).
14. All forms must be submitted at the time of registration for any Al-Anon/Alateen participating event.
15. The designated responsible adult (must be 25 years old) cannot change during the weekend without the parent/guardian physically filling out a new form (no changes by phone calls).
16. All Alateens must stay in the same hotel room as the designated responsible adult (must be 25 years old) for them.
17. Male & Female Alateens cannot stay in the same room unless they are each with their parent/guardian.
18. Smoking regulations must be observed in accordance with the facilities policies.

“Parents/Guardians (or designated Area certified escorts) are responsible for their children at all times during the Convention, except when they are attending an Alateen meetings/workshop”

CONNECTICUT ALATEEN TRAVEL POLICY

Most trips are paid for, in whole or part, by the Alateen members, and we, the Area of Connecticut AFG and Alateen Coordinator, feel obliged to see that the trips run smoothly and allow for the maximum benefit for all participants. Members in their teen years who are legally adults agree to abide by the same requirements as minors Alateens when they attend Alateen meetings and events.

Hence, the necessity for the following rules.

RULES AND REGULATIONS FOR ALATEENS

1. Alateens must use the transportation decided upon by Group Sponsors/AMIAS.
2. Use or possession of alcohol, drugs, or other contraband will result in suspension from the Alateen meeting, immediate return home from a trip, and banning the Alateen from future activities.
3. Only Alateens' who are 18 years old may drive to an event.
4. If an Alateen member of eighteen years of age is driving, only Alateens' of the same age or older will be permitted as passengers. However, in accordance with Connecticut's Graduating Licensing Law, "a driver may not transport more passengers than the number of seat safety belts installed in the vehicle."
5. Any action or behavior by an Alateen judged inappropriate by the Group Sponsor might result with the Alateen being banned from future activities. (Example: profanity, rowdiness, insubordination, vandalism, disrespect, etc.)
6. This activity is considered an extension of our Alateen meeting and all policies pertaining to behavior within the group meeting shall apply while participating.

(Alateen Signature)

(Parent Signature)

In addition to this form you may also be required to present Forms D & E pages (31,32,33 & 34)

AFG Convention Teen Policies/procedures for All Al-Anon/Alateen Participating Events

Dear Parents, Guardians, and Alateen Group Sponsor/AMIAS,

The following are the Alateen Policies/procedures set forth for the AFG Convention for our Alateens.

All teens need permission slips and notarized medical forms filled out and presented to pre-registration prior any event with Al-Anon Alateen participation. If there are no forms, there will be no admission to the pizza party on Saturday night. Medications are the sole responsibility of the teens. There is no designated nurse. Curfew will be 1 am for all teens spending the weekend at the Hotel. Loitering and/or sleeping in the lobby or hotel hallways will not be permitted. If a teen is not staying in a Hotel room, they must vacate the premises by 1 am.

All teens staying in Hotel rooms, must be staying with a parent, legal guardian (adult 25 years old) or same sex Alateen group sponsor. All teens staying with Group Sponsor must have permission slips and medical forms filled out, notarized, and signed, and presented to pre- registration. **All teens must be in parent’s, legal guardian’s, or Group Sponsor/AMIAS room by time of curfew – no exceptions.**

Mandatory meetings for all teens and Group Sponsor will be Friday night Keynote, Saturday night Keynote, Sunday morning Spiritual, and at least two other Al-Anon, Alateen, or AA meetings. A full Alateen program is scheduled for Saturday and it is strongly suggested that teens attend at least two of the Alateen meetings. Possession of/or drinking alcoholic beverages or possession or use of any kind of illegal non-prescription drug is strictly forbidden for teens while attending the AFG Convention. Parents/Legal Guardians of teens will be fully, financially responsible for any damages caused by the teen. Smoking regulations must be observed in accordance with Hotel regulations. Program Love only will be permitted at this AFG event. Heavy petting, kissing, and other overt sexual behavior is strictly prohibited.

Any overt or covert sexual interaction between any adult member and Alateen member is strictly prohibited. Such conduct, which has the purpose or effect of substantially creating an intimidating, hostile, distracting or offensive atmosphere within the event, will result in immediate removal of the member from the AFG Convention, termination of service position (if applicable) and the member will be subject to administrative, civil, and/or criminal penalties. Such acts include but are not limited to: sexual advances, suggestive or lewd remarks, unwanted hugs, touches, kisses or other unwanted physical touching, requests for sexual favors, retaliation for complaining about inappropriate conduct, contact, statements or physical touching; and/or sexual harassment, derogatory posters, cartoons, drawings, email or other communications.

Young people or Alateens attending the AFG Convention with their parents are the sole responsibility of their parents during the convention. Babysitting services are not available.

All Alateen wishing to attend CAWW, must be registered as an Alateen for the Convention or they will not be eligible to attend CAWW.

I have read, understand, and agree to the above Policies/procedures for Alateens at the AFG Convention

Parent/Guardian(25 years Old)_____ date _____

Alateen _____ date _____

Forms on pages 16, 30, 31, 32, 33, 34 must be submitted at the time of the event

“Parents/Guardians (or designated Area certified escorts) are responsible for their children at all times during the Convention, except when they are attending an Alateen meetings/workshop

THIS FORM IS TO BE FILLED OUT ENTIRELY IN ORDER FOR ALATEEN MEMBERS TO PARTICIPATE

Parents: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMIAS/CHAPERONE(25 Years): 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 Code _____

Phone Number () _____

Date of Birth: _____

SPONSOR/AMIAS/CHAPERONE (25 Years Old) INFORMATION

First and Last Name: _____

Address: _____ City: _____ State Zip 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 D: INFORMATION AND PERMISSION FORM *page 2 of 2*
Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

CUSTODIAL PARENT/GUARDIAN (25 YEARS OF AGE) INFORMATION
First and Last Name: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____
Phone Number: Home () _____ Cell: () _____
During this event, I can be reached at: () _____

NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN(25 YEARS OF AGE)
First, Last Name & Relationship: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____
Phone Number: Home () _____ Cell: () _____

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 **CONNECTICUT AREA AL-ANON/ALATEEN AFG/AREA OFFICERS/AMIAS 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 Sponsor/AMIAS/CHAPERONE)
I, _____ hereby grant permission to travel (Parent/Guardian Name) (Alateen member name) (Name of Responsible Adult) from and to participate in _____ under the supervision of _____ (Event Name)
On _____ (Sponsor/AMIAS/CHAPERONE Name)(25 YEARS OF AGE) (Dates of Event/ Travel Time)
Parent/Guardian Signature: _____ Date: _____

"Parents/Guardians (or designated Area certified escorts must be 25 years of age) are responsible for their children at all times during the Convention, except when they are attending an Alateen meetings/workshop"

FORM E: MEDICAL FORM page 1 of 2 (Pages 32-33 from the Alateen/AI-Anon Policies/Procedures)

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

DISEASES/MEDICAL CONDITIONS

(Alateen member or Sponsor/AMIAS/CHAPERONE name) _____ has (had) the following diseases or problems:

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

Other (Please describe) _____

ALLERGIES

(Alateen member or Sponsor/ AMIAS/CHAPERONE (Name) _____ has had allergic reaction from the following: (please check):

- Penicillin Sulphur Drugs Pollens
- Local Anesthetics Sedatives Bee Stings/Insect Bites
- Aspirin

Foods (please list) _____

Other (Please Describe) _____

CURRENT MEDICATIONS

Please list all prescriptions & over-the-counter drugs. These medications MUST be in their original container(s) with labels firmly in place.

(Alateen member or Sponsor/AMIAS/CHAPERONE Name) _____ is currently using the following medications: _____

OTHER CONDITIONS OR PROBLEMS

(Alateen member or Sponsor/AMIAS/CHAPERONE name) _____ has the following conditions or problems not listed above that you should know about: (please explain)

FORM e. MEDICAL FORM

page 2 of 2

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space

Name of Insurance -

Employer -

Employee Name and Social Security Number -

Group ID -
(or attach a medical coupon if covered by

NOTARY STATEMENT

Form E, Authorization to Obtain Medical Care, is not valid without a signed and sealed Notary Statement.

State/Province of _____

County of _____

(Sponsor/AMIAS/CHAPERONE/Responsible Party Name 25 years of age) _____ is authorized upon my signature below to obtain any medical care necessary for the duration of the above stated function on behalf of

(Participant's Name) _____

who is (state relationship - self, son, daughter) my _____.

Dated this _____ day of _____ 20____

(Signature)

(Signature of Parent or Guardian, if under 18)

Before me, the above signed 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 he/she executed the same for the purpose therein stated.

WITNESS my hand and seal this _____ day of _____ 20 _____

NOTARY PUBLIC

My Commission Expires _____