

Medical and Permission Form

(Please Print Neatly)

This Form Must be Filled out By everyone: 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. Note: Must be notarized for Adults and Teens both.

Name: _____ Date filled out _____

The above person has (had) the following diseases or problem:

Heart trouble___ Tuberculosis___ Stomach Ulcers___ Liver Trouble___ Asthma___
High Blood pressure___ Low Blood Pressure___ Epilepsy___ Fainting Spells or seizures___ Diabetes___
Hives___ Other (Please describe)_____

The above person has (had) the following allergies or allergic reactions from:

Penicillin___ Local Anesthetics___ Aspirin___ Sulfur Drugs___ Sedatives___ Pollens___ Bee stings /
Insect bites___ Food (please list) -----Other (please Describe)-----

Please List all Prescriptions and over the counter drugs being taken by the person named above. Medication must be in their original container with labels firmly in place. (Use a separate piece of paper if necessary.)

Hold Harmless and Parental Permission Statement:

As the parent or guardian of the aforementioned Alateen member OR Adult Attendee, I am responsible for payment of any medical service required and obtained on said member's behalf. I Will Not Hold Vanderkamp, Cleveland NY, NYN AFG and authorized representative there of Financially Responsible, should any harm come to my child or myself as a result of his / her participation in this activity or procurement of medical treatment.

By my signature below, I hereby grant permission to my Daughter / Son to travel to and from and participate in NYNAC 2016 supervision of _____ (Sponsor's Name.)

(Sponsor Name) _____ is authorized upon my signature below to obtain any medical care necessary for the duration of NYNAC 2016.

On behalf of **Participant** _____ who is my Son, Daughter or Myself
(Al-Anon Member) I **sign**. (Circle one).

Signature of Parent or Guardian of person under 18

Signature of Person 18 & Over

Notary Statement:

(In the State of) _____ **(In the county of)** _____

On this day _____ **of** _____, 2016 **before me personally appeared to me known and known to me to be the individual described in and who executed the foregoing certificate, and (s)he thereupon duly acknowledged to me that (s)he executed the same.**

Seal:

My Commission Expires: _____