

**BERMUDA ALATEEN MEDICAL INFORMATION AND
TRAVEL AUTHORIZATION FORM**

Name _____ Date of Birth _____

Address _____

Emergency Contact Telephone Number(s)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Event/Location _____

Known Medical Conditions

Allergies (Food/Drug/Environmental)

Current Medications (Prescriptions and over the counter): _____

Physician _____ **Phone #** _____

Primary Insurance Carrier _____

Policy Number _____ **Group #** _____

I do hereby authorize _____ (driver)

to transport _____ (Alateen member name)

to _____ and from _____,

and to participate in aforementioned event under the supervision of

_____ (sponsor/escort name)

on _____ (date or range of dates for event or meeting, including travel time).

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 release and hold harmless Al-Anon service entities, including but not limited to the event/meeting, Bermuda, District 10,

_____ (Group Name and WSO ID number) or authorized representative thereof

or _____ (Sponsor/Escort), should any harm come to my _____ (state relationship) as a result of his/her participation in this activity or procurement of medical treatment.

Authorized signature/parent or legal guardian: _____ Date: _____

Printed name of parent or legal guardian: _____

Any changes and/or additions to form must be initialed by signer.