

**NC/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 #** _____

(optional Social Security #)

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). By signing below, I agree
that 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, North Carolina, District _____ (District #),
_____ (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/my participation
in this activity or procurement of medical treatment.

Authorized signature: (legal guardian or self if 18 or 19 years old): _____

Printed name of authorizing signature: _____

Date: _____

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