

NORTH CAROLINA 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 if Social Security number)

I do hereby authorize _____ to transport _____
(Driver) (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.