

**AUTHORIZATION TO OBTAIN MEDICAL CARE (MUST BE NOTARIZED)**  
**Complete for minors attending day or overnight events with AMIAS**

I HEREBY AUTHORIZE (Al-Anon Member Involved in Alateen Service or Responsible Adult's Name) \_\_\_\_\_ to obtain any reasonable or necessary medical care for (Alateen's name) \_\_\_\_\_ in my place during the conference/convention/event to be held (function date) \_\_\_\_\_ Alateen's Date of Birth \_\_\_/\_\_\_/\_\_\_\_.

Does Attendee have, or has he/she had any of the following diseases or problems? (Please check all that apply)

- Asthma  Hives  Diabetes/Hypoglycemia
- Liver Trouble (Hepatitis)  Low Blood Pressure  Fainting Spells or Seizures
- Heart Trouble  High Blood Pressure  Stomach Ulcers
- Tuberculosis  Other \_\_\_\_\_

Is the Attendee carrying with him/her any prescriptions, pills or remedies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Is Attendee allergic to: Bee stings, Food, Pollen, Drugs? If yes, please describe \_\_\_\_\_

Has Attendee had a reaction to any of the following? (Please check applicable box)

- Penicillin \_\_\_\_\_  Sulfa Drugs \_\_\_\_\_  Local Anesthetic \_\_\_\_\_
- Sedatives \_\_\_\_\_  Aspirin \_\_\_\_\_  Other: \_\_\_\_\_

Date of Attendee's last Tetanus shot: \_\_\_/\_\_\_/\_\_\_\_

Does Attendee have any condition or problems not listed above that we should know about? \_\_\_\_\_ Please describe: \_\_\_\_\_

Name of Insurance Policy Holder: \_\_\_\_\_

Policy Number and/or Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Insurance Company Name and Address: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Parent/Guardian/Ward, (if not 18 years of age) \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_,SS

Before Me, the undersigned authority, on this day, personally appeared \_\_\_\_\_ known by me to be the person who signed the above Authorization, and acknowledges to me that (s)he executed the same for the purpose therein stated.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

**NOTARY PUBLIC, STATE OF \_\_\_\_\_**

My Commission expires: \_\_\_\_\_