

## ALATEEN FORMS

# Alateen Code of Conduct

Event Name (e.g., Assembly, Conference, Convention, AWSC): \_\_\_\_\_

Alateen Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Parent/Legal Guardian Name: \* \_\_\_\_\_

This Code of Conduct is to ensure the safety and well-being of all participants in an Alateen event hosted by AFGG. It applies to all participants including minors and their parents/guardians.

## Requirements:

- Respect and adhere to AFGG rules and guidelines, including all those specific to this event or activity (see *WSO Guidelines* G-16 and G-34).
- Follow all instructions and directions given by AMIAS and location staff.
- Act in a courteous manner and treat other Alateens, AMIAS and location staff with respect. Appropriate language and behavior are expected at all times.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.
- Obey policies and local, state, and federal laws.
- In the spirit of Tradition Eleven, please do not post recognizable photos of identifiable Al-Anon or Alateen members on websites accessible to the public, including unrestricted pages on social networking sites.

Participants who fail to adhere to this Code of Conduct may be subject to removal from the event and future Alateen events hosted by the Area. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants.

## PARTICIPANT (INCLUDING EMANCIPATED TEEN) ACKNOWLEDGEMENT AND AGREEMENT

I understand that as a condition of participating in this event, I must comply with the event rules and standards. Failure to comply with the reasonable direction of AMIAS and location staff may result in my being dismissed from the event and impact my ability to participate in future Alateen activities at Area events.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Date

## PARENT/GUARDIAN ACKNOWLEDGEMENT AND AGREEMENT

I understand that my child will be subject to the rules and standards of conduct of this Area event. I further understand that my child's violation of the rules and standards of conduct or failure to comply with the reasonable direction of AMIAS and location staff may result in my child's dismissal from the event. I accept responsibility for all costs associated with removing my child from the event, including but not limited to transportation costs to return my child home. I understand that dismissed Participants are not eligible for a refund of any fees or expenses and may not be eligible to participate in future Alateen activities at Area events.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Emergency Telephone Contact Number

\_\_\_\_\_  
Date

\*Emancipated teens age 17 years or under completing this form for themselves must provide a copy of emancipation paperwork from Juvenile Court.

**This fully completed, signed form (and emancipated paperwork if appropriate) must be sign in the presence of an AMIAS and accompany other required registration forms and be submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will send this form to the AAPP for secure retention after the event. This form may not be altered in any way.**

## AMIAS Code of Conduct

This Code of Conduct applies to all Al-Anon Members Involved in Alateen Service (AMIAS) working with Alateens at AFGG Area events. Along with Alateen Safety Guidelines, AMIAS are required to comply with all applicable laws and the requirements herein.

1. **General** – AMIAS should work cooperatively with youth, families, AMIAS, and others in a courteous, respectful manner demonstrating behaviors appropriate for a positive role model.
  - AMIAS should represent AFGG with pride and dignity, behave appropriately, refrain from using profanity, exhibit good sportsmanship, and demonstrate reasonable conflict management skills.
  - AMIAS should respect, adhere to, and enforce this AMIAS Code of Conduct as well as other rules, policies and guidelines established by GA Alateen Safety Requirements, including state laws and regulations.
2. **One-on-One Rule** - When it is necessary to speak privately with an Alateen, meet in open well-lit spaces or rooms within sight of other AMIAS.
3. **Mentoring** – Programs/Activities that involve mentoring where there is only one AMIAS present should take place in a room or other space that is in full view from outside the room even when the door is closed. These Programs/Activities should only take place in that Area event's authorized facilities.
4. **Time and Place** – Do not meet with an Alateen outside of the established time or place designated for the Program/Activity.
5. **Transportation** – Never transport an Alateen without parent/guardian permission, a valid driver's license, and insurance. Ensure all passengers use seat belts. All transportation should comply with the AFGG Transportation Form guidelines and policies. AMIAS transport Alateens at their own risk and not on behalf of AFGG.
6. **Privacy** – When it is necessary to supervise Alateens, at least two AMIAS should be present and only to the extent that the health and/or safety requires. The privacy of all individuals should be respected in situations such as toileting, showering and changing clothes.
7. **Overnight** – When supervising overnight activities, AMIAS are not allowed to share sleeping areas with Alateens unless given specific permission to do so by the parent/guardian on the Transportation/Overnight Stay Form.
8. **Sexual Conduct and Communications** – Engaging in any sexual conduct, making sexual comments, telling sexual jokes, or sharing sexually explicit material (or assisting in any way to provide access to such material) with Alateens is prohibited. AMIAS must not engage IN or allow Alateens to engage them in romantic or sexual conversations, or related matters.
9. **Behavior Guidelines** – Follow behavior guidelines created by the group so that everyone knows what is expected during the event. Then, if you or anyone else is uncomfortable with the actions of another member, a discussion regarding the behavior guidelines is appropriate. If the offensive conduct persists, that member can be asked not to return to the event by the event Chair. Before taking such action, the Chair should start with an informed group conscience, referring back to the behavior guidelines and the application of the Twelve Traditions (see WSO Guideline G-16 and/or G-34).
10. **Administering Medication** – Medication must only be administered to an Alateen by a Designated Medical Administrator (DMA) hired by the AFGG event. An AMIAS is not to administer medication of any kind (prescription or over the counter) to an Alateen. The only exception is life-saving medication.
11. **Substance Use Prohibited** – Do not use, possess or be under the influence of alcohol, illegal drugs, or any prescription medication that impairs your ability to perform your duties during the event. Do not condone others' use of alcohol or illegal drugs during the event. Smoking or vaping in the presence of an Alateen is prohibited.
12. **Non-Discrimination** – Verbal, physical, and cyber bullying are prohibited.
13. **Report Injuries** – Report any accident, injury, or illness of an Alateen immediately to the DMA and Area Alateen Process Person (AAPP) and follow procedures to complete and process an Illness/Incident Report.
14. **Mandatory Reporter** – All AMIAS are considered mandatory reporters and must comply with State of GA Mandatory Reporter requirements.
15. **Anonymity** -- In the spirit of Tradition Eleven, please do not post recognizable photos of identifiable Al-Anon or Alateen members on websites accessible to the public, including unrestricted pages on social networking sites.

**AMIAS MUST SELF-REPORT ANY ARREST, CHARGE, OR CRIMINAL CONVICTIONS OCCURRING AFTER THE DATE OF THE BACKGROUND CHECK TO THE AAPP PRIOR TO ATTENDING THE AREA EVENT.**

My signature confirms that I have read and understand this Code of Conduct. My signature further confirms that I agree to abide by this Code of Conduct. Failure to abide by this Code of Conduct may result in my removal from this Area event, exclusion from serving as an AMIAS at future Alateen events, and decertification.

---

Printed Name

---

Signature

---

Date

**This fully completed, signed form must accompany other required registration forms and be submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will send this form to the AAPP for secure retention after the event. This form may not be altered in any way.**

## Al-Anon Family Groups of Georgia, Inc.

### Event Release and Waiver of Liability

**NOTICE**-This is a legal document that contains a general release.

It should be read carefully and understood fully before signing.

In consideration for the willingness of Al-Anon Family Groups of Georgia, Inc. (AFGG) to accept the individual signing below ("Participant") as a participant, visitor and/or volunteer at

(INSERT NAME OF EVENT) \_\_\_\_\_

And for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, Participant does freely, voluntarily and without duress execute the following Release for and on behalf of him or herself and his or her heirs, successors, beneficiaries, and assigns:

1. **Waiver and Release.** Participant releases, forever discharges, indemnifies, and holds harmless AFGG and its directors, officers, employees, volunteers, agents, successors and assigns (collectively the "Released Parties") from any and all liability, claims, demands and causes of action of whatever kind or nature, either in law or in equity, arising out of or relating to Participant's activities at the Event ("Activities"), including but not limited to any claim for any bodily injury, personal injury, illness, death or property damage that may arise out of, or occur during or result from the Activities, regardless of whether caused in whole or in part by an act or omission of a Released Party. Participant also understands that, except as otherwise agreed to by a Released Party in writing, the Released Parties do not provide any financial assistance of any kind, including but not limited to medical, health or disability insurance coverage for any Participant.
2. **Medical Treatment.** Participant releases, forever discharges, indemnifies, and holds harmless the Released Parties from any claim, demand or cause of action whatsoever arising out of or relating to any first aid or medical treatment rendered in connection with the Activities. Participant also acknowledges and agrees that Participant shall not administer medication to our teens except in life-saving situations.
3. **Assumption of the Risk.** Participant understands that the Activities may involve acts that may be hazardous to the Participant and are inherently dangerous. Participant hereby expressly and specifically assumes the risk of damage, injury, harm, or death in connection with such Activities. In addition to any other risks posed by participating, visiting, or volunteering with AFGG, the individual signing below understands that, despite any safety precautions being taken by AFGG, by participating in, volunteering at, or visiting the Event, there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. The individual signing below releases, forever discharges and holds harmless AFGG and its directors, officers, employees, volunteers, successors and assigns from any and all liability, claim, costs, or expense related to such risk.
4. **Media Release.** Participant grants and conveys to AFGG all right, title and interest in video or audio recordings and photographic images made for or by AFGG in accordance with the anonymity statement during Participant's participation in the Activities, including, but not limited to, any benefits derived from such photographs. The anonymity statement is as follows:
  - a. We respectfully ask that no AL-Anon or Alateen speaker or member be identified by full name or picture in published, broadcast, or Web-posted reports of our event. The assurance of anonymity is essential to our efforts to help families of alcoholics, and our Tradition of anonymity reminds us to place Al-Anon and Alateen principles above personalities. Out of respect for others, please do not take photographs during any of the meetings at this event. Please be considerate when taking photographs, using care that you do not capture images of Al-Anon or Alateen members or their guests who did not give their permission and may not wish to appear in pictures. In the

spirit of Tradition Eleven, please do not post recognizable photos of identifiable AI-Anon or Alateen members on websites accessible to the public, including unrestricted pages on social networking sites,

5. **Authority.** If Participant is under 18 years of age, a Parent or Legal Guardian must sign this Release. The signature of an individual in the Parent/Guardian signature block below certifies that he or she is the Parent or Legal Guardian of Participant with full legal authority to bind Participant and the Parent or Legal Guardian to the terms of this Release.
6. **Governing Law.** Participant expressly agrees that this Release is intended to be broad and inclusive as permitted by the laws of the state of Georgia, and that this Release will be governed by and interpreted in accordance with the laws of the state of Georgia without giving effect to its conflicts of laws rules. Participant agrees that in the event that any cause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of that clause or provision will not affect the remaining provisions of this Release, which will continue to be enforceable. Participant agrees that the sole and exclusive jurisdiction and venue for litigation between Participant and AFGG will be a state or federal court having jurisdiction over Bibb County, Georgia.

Participant Signature \_\_\_\_\_

Age as of the date of signing this Release (if under 18 years) \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date \_\_\_\_\_

**If Participant is under 18 years of age, the Release must be signed by a Parent or Legal Guardian unless the Participant is emancipated. Emancipated Participants must provide a copy of a legal court order of emancipation.**

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date \_\_\_\_\_

This fully completed, signed waiver (and emancipated paperwork if applicable) is to be submitted to the Registration Chair at that Event. The Registration Chair (Delegate's Alternate at Assembly and AWSC) will send it to the Archivist for secure retention after the event.

July 2025

# Alateen Health History Form

To be completed and signed by parent/guardian of Alateen

Alateen Full Legal Name:	Date of Birth:	Age:
Address:		
Parent/Guardian Name:	Phone:	
Physician's Name:	Phone:	
Emergency Contact:	Phone:	Relationship:

Pick up information - Name of person(s) permitted and not permitted to pick up Alateen:	
Name:	Phone number:
Names of person(s) NOT permitted to pick up Alateen:	

Medical History - Check all that apply				
<input type="checkbox"/> Allergies	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Intestinal or Stomach Disorders		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting/Dizzy Spells	<input type="checkbox"/> Mental/Psychological Disorders		
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Nosebleeds		
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Sinusitis (Sinus Infections)		
<input type="checkbox"/> Convulsions/epilepsy/seizures	<input type="checkbox"/> Liver Trouble (Hepatitis)	<input type="checkbox"/> Sleep Disturbances/Impairment		
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension/High Blood Pressure	<input type="checkbox"/> Tuberculosis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (explain below)		
<input type="checkbox"/> My child has ongoing health concerns that are not listed above and that an ER doctor should be aware of.				
<input type="checkbox"/> My child has adverse reactions to and/or sensitivity to medication in a typical first aid kit. Let us know if any of these over-the-counter medications <b>SHOULD NOT</b> be given in an ER: e.g., Tylenol, aspirin, aloe vera gel, calamine lotion, anti-diarrhea medication, laxative, antacid, antihistamine, hydrocortisone cream, cough, and cold medication.				
<input type="checkbox"/> My child's immunizations are NOT updated in accordance with State of Georgia requirements for public schools.				

Please explain in detail any items checked above. Continue on the reverse side if necessary:

**Health Insurance Information - In case of accident or illness, personal insurance is primary**

Policy Holder Name		Insurance Company	
Policy Number		Insurance Company Address	
Group Number		Insurance Company Phone Number	

**Medical Conditions and/or Concerns**

Please include any precautions or restrictions on activities, as well as concerns relating to emotional and mental wellbeing (including self-harm, depression, effects of medication on their behavior, eating disorders, etc.). We want to provide the most supportive environment possible, and a large part of that is knowing what is going on with Event participants.

Name of Condition	Effects

Additional Information or Comments:

Has the Alateen had any adverse reactions to general anesthetics? Yes    No

If yes, please explain:

**Parent/Guardian\* Signature**

I know of no reason(s), other than the information indicated on this form, why the Alateen should not participate in activities except as noted.

Signature of Parent/Guardian or Emancipated Teen \_\_\_\_\_

Date \_\_\_\_\_

\*Emancipated teens age 17 or under completing this form for themselves must provide a **copy** of the emancipated paperwork from Juvenile Court to the Event Registration Chair for secure retention by AFGG.

This form is necessary in case your child, or an emancipated teen requires emergency medical treatment.

This fully completed, signed form (and emancipated paperwork if appropriate) must accompany other required registration forms, be kept in a covered binder or folder by the authorized person or transporting AMIAS, and then submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will electronically scan this form at registration and deliver to the Designated Medical Administrator (DMA) if one is present at that event. Upon event completion, the DMA will return the original form to the Registration Chair. This original form will be returned to the authorized person or transporting AMIAS, who will return it to the parent/guardian. The Registration Chair will send the scanned copy to the AAPP for secure retention after the event. This form must be completed and signed in the presence on an AMIAS or other authorized person associated with AFGG and may not be altered after being signed by the parent or guardian.





**Al-Anon Family Groups of Georgia, Inc. (AFGG)**  
**Guidelines for Medication Administration by a Designated Medical Administrator**

**I. Medication Defined**

The definition of medication includes prescriptions, over the counter, CBD oil and all substances a person might use to maintain and/or improve their health (e.g., herbals, supplements, and other remedies).

**II. General Medication Guidelines**

If an Alateen attends an Area Event ("Event") during which he/she may need to take medication, a Designated Medical Administrator (DMA) will store and administer such medication during the Event, in accordance with these Guidelines. A DMA is a health care professional licensed to administer medication and hired through an agency.

1. For each Event, the Alateen's parent/guardian must complete a new Medication Authorization Form. Medication Authorization Forms used for prior Events cannot be used.
2. The Alateen's parent/guardian must provide all medication in its original container and – if a prescription – identified as to content, dosage, and Alateen's name. Al-Anon reserves the right to refuse any medication that is inappropriately packaged or labeled.
3. Except for emergency medication, which is governed by Section IV of these Guidelines, the DMA will securely store all medical forms and medication (complying with special medication storage requirements as necessary).
4. The DMA will maintain a Medication Log for each Alateen, indicating the following information related to each administered medication: Date, Medication, Reason Given, Dose Given, Time, DMA Initials, AMIAS Initials, Alateen Initials, Side Effects/Notes. Each medication entry must be initialed by the Alateen, AMIAS and DMA.
5. If there are any questions, concerns, or uncertainty regarding any medication or the instructions associated therewith, the DMA must immediately contact the parent/guardian of the Alateen and document the content of such conversation in the Medication Log.
6. Upon the conclusion of the Event, all unused medication will be returned to the parent/guardian of the applicable Alateen. Under no circumstances will a DMA retain possession of any medication after the conclusion of the Event.

**III. Medication Storage**

1. A DMA will store all Alateen medication in a controlled area, either under lock and key or under direct observation. AMIAS are responsible for securely storing their own medication.
  - a. Security is especially important for controlled substances.
  - b. Medication will be accessed only by the DMA involved with medication administration.
  - c. Medication storage accomplishes three purposes:
    - i. Special storage needs, as required (e.g., secure refrigeration, etc.).
    - ii. Preventing access to those for whom it is not intended; and
    - iii. Ensuring appropriate use (and not abuse) of medication by those for whom it is intended.

**IV. Emergency Medications**

1. Medication that may be needed for an emergency or on an urgent basis, including diabetes medication and supplies, may be carried by the Alateen.
2. The parent/guardian of such Alateen must inform the accompanying AMIAS of the Alateen's need to carry emergency medication prior to the start of the Event.
3. When the Alateen arrives at the Event, the DMA should ensure the Alateen has all emergency medication described by the parent/guardian.
4. During the Event, the DMA will:
  - a. make note of the emergency medication being carried by the applicable Alateen and AMIAS.
  - b. ensure that such medication is appropriately stored so other people cannot access it; and
  - c. ensure that such medication is used appropriately by the Alateen.
5. The Alateen must notify the accompanying AMIAS immediately upon self-administering emergency medication. The Alateen and AMIAS will together immediately notify the DMA.
6. An AMIAS must notify the DMA immediately upon self-administering emergency medication.
7. An AMIAS will not administer medication to an Alateen except in life-saving situations when the DMA is not nearby.
8. Upon notice that an Alateen self-administered emergency medication, the DMA will promptly notify the Alateen's parent/guardian and ask the parent/guardian if they would like the Alateen evaluated/treated by a health care provider.
9. The DMA will note in the Medication Log that the emergency medication was self-administered and the content of the conversation with the Alateen's parent/guardian.

#### **V. Procedure Before the Start of the Event**

1. The parent/guardian of the Alateen must provide to the accompanying AMIAS all medication that a DMA is authorized to administer to the Alateen during the Event.
2. Packing and Labeling Medication:
  - a. All medication must be provided in its original container, with the Alateen's name and dosage information listed if appropriate.
    - i. If a prescription label is missing or placed on an external package, the internal item (such as a tube or inhaler) should be, at a minimum, labeled with the Alateen's name, medication name, expiration date, and directions for use.
    - ii. All over-the-counter medication should be packed in the original container.
    - iii. Under no circumstances will the accompanying AMIAS accept loose pills, tablets, capsules, etc. that are not in the original container. The DMA will not store or administer loose pills, tablets, capsules, etc. that are not in the original container.
  - b. A complete and signed copy of the Medication Authorization Form must be provided. Include notes of pre-event medication discussion with the accompanying AMIAS.
  - c. All of the above-listed items should be placed into a sealable plastic bag and labeled with the Alateen's name and Event date(s).
  - d. Medication that is not properly packaged and labeled will not be accepted.
3. The accompanying AMIAS will be responsible for confirming the following information prior to the start of the Event:
  - a. The completeness of the Medication Authorization Form.
  - b. The information set forth on the medication label (e.g., Medical Condition/Symptoms, Name of Medication, Expiration Date, Dosage, When and How Often Dose is Administered, Side Effects, and Special Storage Requirements) matches that set forth on the Medication Authorization Form.
  - c. The number/amount of medication is sufficient for the entire duration of the Event; and
  - d. Whether any medication must be specially stored (e.g., refrigerated) and whether such storage requirements can be complied with during the Event.
4. At the start of the Event, the accompanying AMIAS who completed the procedures set forth in this Section V will inform all necessary AMIAS of any emergency medication needs of the Alateen(s) for whom they are responsible, and the DMA of all medication needs of the Alateen(s) for whom they are responsible.

#### **VI. Incident/Illness During the Event**

1. Should an Alateen become ill, have a health incident, or sustain an injury during the event, they are to be taken immediately to the DMA for evaluation. If there is extreme difficulty breathing or a significant, life-threatening injury, 911 can be called by anyone. If 911 is called, notify the AI-Anon member in charge of the Event to facilitate EMS finding the Alateen and the DMA.
2. The DMA is to call the Alateen's parent/guardian, inform them of the situation and take appropriate action per the parent/guardian's instructions.
3. If unable to reach the parent/guardian, the DMA is to determine if the Alateen needs to go to urgent or emergency care. If it is believed urgent care is needed but an ambulance is not, the accompanying AMIAS is to transport the Alateen to the closest facility taking the teen's Health History Form with them. The AMIAS is to keep the DMA apprised of the situation and bring back any medical documents provided by the urgent care facility. The DMA is to keep any medical documents with the teen's forms.
4. The DMA is to carefully record on the Medication Log (using the back if necessary) all actions taken, the Alateen's current status, and the content of the conversation with the Alateen's parent/guardian.
5. An AFGG Incident/Illness Notification Form should be completed immediately by the DMA and submitted to the Event Registration Chair, including the name of the Alateen, parent/guardian name and phone number, and a description of what occurred, who was notified, and what remedial actions were taken.

#### **VII. Distribution and Adherence**

1. These Guidelines will be provided to Alateens, their parents/guardians, AMIAS, DMA, the Event Chair, and all other relevant persons.
2. The DMA should:
  - a. Have open lines of communication among all involved AMIAS and Alateens while maintaining and protecting the Alateen's health information; and
  - b. Strictly adhere to the procedures set forth in these Guidelines.

## **ALATEEN MEDICATION LOG**

Alateen Name: \_\_\_\_\_

Event Name and Date(s): \_\_\_\_\_

Date	Medication	Reason Given (Routine / Symptom)	Dose Given	Time AM / PM	DMA Initials	AMIAS Initials	Alateen Initials	Side Effects / Notes

DMA: \_\_\_\_\_  
Signature

\_\_\_\_\_   
Print Name

A Designated Medical Administrator (DMA) is a health care professional licensed to administer medication and hired through an agency.

If there are any questions, concerns, or uncertainty regarding any medication or the instructions associated therewith, the DMA must immediately contact the parent/guardian of the Alateen and document the content of such conversation in the Medication Log.

**This form will be completed by the DMA and turned in to the Registration Chair at the close of the event. The Registration Chair will send this form to the AAPP for secure retention.**

# ALATEEN MEDICATION AUTHORIZATION FORM FOR AFGG EVENTS

Date(s) of Event: \_\_\_\_\_

I understand that the purpose of this form is to allow a Designated Medical Administrator (DMA)\* to administer medication to \_\_\_\_\_, an Alateen during the event taking place on the date(s) written above. I understand if there is a transporting AMIAS, he/she will be responsible for secure delivery of medication to the DMA. The Alateen has the condition(s) set forth below that require that he/she take the prescription and/or over-the-counter medication listed below. I hereby certify that the schedule below includes all medication to be administered to and taken by the Alateen during the event. I acknowledge and agree that the Alateen will not be administered any medication that is not contained in the list below, including over-the-counter medication in a typical first aid kit (e.g., Tylenol, aspirin, aloe vera gel, calamine lotion, anti-diarrhea medication, laxative, antacid, antihistamine, hydrocortisone cream, cough and cold medication), nor will any medication be given in any manner that contradicts the information set forth below. The DMA who administers the medication will keep all medication in its original, marked container, store it securely out of reach of other children, and administer the medication in the dosage and according to the schedule set forth below. I understand I am responsible for assuring that all medication is provided in its original container and – if a prescription – identified as to content, dosage and Alateen's name, and is not expired.

\*A DMA is a healthcare professional licensed to administer medication and hired through an agency.

Medical Condition / Symptoms	Name of Medication	Expiration Date	Dosage (E.g., 1 tablet, 2 tbsp)	When & How Often Dose is Administered (e.g., 1 daily at lunch)	Side Effects	Special Storage Requirements? (e.g., refrigerate)

Are there any emergency medications (e.g., life-saving medication that must be carried by the Alateen) needed by this Alateen? **Yes** **No**

If Yes, please list: \_\_\_\_\_

If a DMA or AMIAS has any questions or observes the Alateen having any allergic reactions or other side effects, the AMIAS will notify the DMA and the DMA will contact the parent/guardian. AMIAS will not administer medication to Alateens except in life-saving situations. If there is increased difficulty breathing or a significant injury, 911 can be called by anyone.

Signature of Parent/Guardian: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (Initial here) I understand that the accompanying AMIAS **CANNOT** administer routine medication to my teen. Emergency Phone #: \_\_\_\_\_

AMIAS Pre-Event Notes: \_\_\_\_\_

AMIAS/Emancipated Teen Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

This fully completed, signed form must accompany other required registration forms if medication is to be administered by a DMA. This form is to be submitted to the Registration Chair (Alternate Delegate at Assembly and AWSC) to scan electronically and the original delivered to the DMA. Upon event completion, the original form and any remaining medications will be returned to the authorized person or transporting AMIAS, who will return them to the parent/guardian. The Registration Chair will send the scanned copy of this form to the AAPP for secure retention after the event. This form must be completed and signed in the presence of the AMIAS named above and may not be altered after being signed by the parent or guardian.



## Alateen Incident/Illness Notification Form

Alateen Name (print): \_\_\_\_\_

Date of incident/illness: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Brief Description of incident/injury/illness: \_\_\_\_\_

---

---

---

---

---

---

Brief description of what happened:

---

---

---

---

---

---

Accompanying AMIAS Name (print): \_\_\_\_\_

WSO AMIAS Certification #: \_\_\_\_\_ (to be inserted by the AAPP)

AMIAS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of DMA completing this form (print): \_\_\_\_\_

DMA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DMA Agency: \_\_\_\_\_

DMA Agency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

A DMA (Designated Medical Administrator) is a health care professional licensed to administer medication and hired through an agency. This form is to be completed immediately upon occurrence of an injury, illness, or medication incident by the DMA at an AFGG sponsored event. This completed form is to be given to the event Registration Chair (Alternate Delegate at Assembly and AWSC) who then sends this form along with any other required registration forms, to the AAPP for secure retention. If the injury, illness, or incident occurs during transportation prior to the start or after the completion of an event, or during an event that does not have a DMA, the accompanying AMIAS is to immediately complete this form and send it to the AAPP.

## ALATEEN TRANSPORTATION FORM

Please read completely and carefully before signing. This form must be filled out entirely by the enrolling parent or legal guardian, in the presence of the AMIAS transporting the Alateen, and bear an original parent or legal guardian signature in order for the Alateen member to be driven to an event where the parent or legal guardian is not accompanying the Alateen. This form also requires the signature of Alateen members below the parent/guardian signature. This form may not be altered by any person once signed by the parent or guardian. A new form is required for each event. This form is not required for regular meetings. It is with full understanding that no medication will be administered to the Alateen, except by a parent or guardian.

If the Alateen is accompanied by a parent or legal guardian, this form is not required.

Event Name: \_\_\_\_\_

Date(s): \_\_\_\_\_

Today's date: \_\_\_\_\_

Alateen's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/guardian names: \_\_\_\_\_

Parent/guardian cell phone number (s): \_\_\_\_\_

Other phone number: \_\_\_\_\_

### AUTHORIZATION TO TRANSPORT THE TEEN:

I authorize the following responsible person (s) to transport my teen to and from the above-listed event:

Authorized AMIAS: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Authorized AMIAS: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Designated pick up and drop off location: \_\_\_\_\_

It is the responsibility of the parent/guardian to confirm that the AMIAS has valid insurance. Please note that Alateens must be picked up by designated times. If an authorized adult is unable to be reached, event members will contact the local police department as a last resort to take your teen home. If you are not at home, your teen will be released to the Division of Family and Children Services.

Parent or Guardian signature:

\_\_\_\_\_

Parent or Guardian name (print):

\_\_\_\_\_

Alateen signature:

\_\_\_\_\_





# Alateen Transportation/Overnight Stay Form

Please read completely and carefully before signing. This form must be filled out entirely by the enrolling parent or legal guardian and bear an original parent or legal guardian signature in order for the Alateen member to attend an AFGG event. This form also requires the signature of Alateen members (including emancipated teens) below the parent/guardian signature. A new form is required for each event. This form is not required for regular meetings.

Event (circle one: Assembly, Conference, Convention, AWSC) Date(s) \_\_\_\_\_

Personal Information (please print)

Today's Date: \_\_\_\_\_

Alateen's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please select the appropriate authorization below:

## I. Authorized Pick Up and Dismissal

Please list any individual who is authorized to transport your Alateen, including yourself. Each authorized person must be at least 16 years of age and authorized by GA law to drive another teen. The above-named Alateen will not be permitted to attend or leave the AFGG event with anyone who is not listed below. Authorized individuals must transport the teen in person and may be requested to show identification. Alateens will not be released to persons who fail to provide acceptable identification upon request. Individuals who transport teens do so at their own risk and not on behalf of AFGG.

☐

I authorize the following responsible persons to transport my teen to and from the above-listed event (continue on the reverse side if necessary):

Authorized Person or AMIAS*	Phone Number	Relationship to Alateen	Pick Up or Drop Off Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note that Alateens **must be picked up by designated times**. If an authorized adult is unable to be reached, event members will contact the local police department as a last resort to take your teen home. If you are not at home, your teen will be released to the Division of Family and Children Services.

☐

My teen is at least 16 years of age and will be responsible for his/her own transportation to and from the event and may sign himself/herself out on \_\_\_\_\_ (date).

## II. Authorized Overnight Stay

☐

My teen is authorized to stay in a hotel room with the following AMIAS:

\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Name (print): \_\_\_\_\_

Alateen or Emancipated Teen Signature: \_\_\_\_\_

(Emancipated teens age 17 or under completing this form for themselves must provide a **copy** of the emancipated paperwork from Juvenile Court to the Event Registration Chair for secure retention by AFGG.)

\*An AMIAS is a currently certified Al-Anon Member Involved in Alateen Service.

This fully completed, signed form (and emancipated paperwork if appropriate) must be signed in the presence of an AMIAS and accompany other required registration forms, be kept in a covered binder or folder by the authorized person or transporting AMIAS, and then submitted to the Registration Chair at that event. The Registration Chair (Alternate Delegate at Assembly and AWSC) will electronically scan this form at registration and return the original to the authorized person or transporting AMIAS, who will return it to the parent/guardian. The Registration Chair will send the scanned copy to the AAPP for secure retention after the event. Form may not be altered in any way.