

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:

Alateen's Emergency Contact notification details:

Name of contact : _____ Date/time contacted: _____

Contacted by: _____ (Additional info if needed) _____

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. A copy of this completed form is to be shared with the custodial parent/legal guardian. The original 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.