

AREA 64 ALATEEN PERMISSION FORM

(This permission form must be accompanied by the Area 64 medical information form.)

PLEASE PRINT INFORMATION

Name of Alateen _____

Address _____

Name of Parent/Guardian _____

Name of Adult Accompanying Alateen _____

Phone No. of Adult Accompanying Alateen () _____

Medication Alateen Takes (Including Over-The-Counter Medication) _____

Allergies to Medicine, Food, Or (OTHER) _____

I, the above-named parent/guardian, give permission for the above-named Alateen to travel to and from and participate in _____ under the supervision of the above-named accompanying adult. I agree that the Alateen sponsor(s) and/or or selected responsible adult(s) may make any decision that is believed to be in the best interest of the above-named Alateen, and I agree to hold the sponsor(s) or other selected responsible adult(s) blameless. The above-named personal medical information is complete.

_____ (Print parent/guardian name here.)

_____ (Signature of parent/guardian.)

_____ (Date)

I understand that during the _____ I am responsible for the above-named Alateen.

_____ (Print name of adult attending with Alateen.)

_____ (Signature of adult attending with Alateen.)

_____ (Date)

Hotel room number of adult accompanying Alateen _____