

2009 TENNESSEE AL-ANON/ ALATEEN CONVENTION



AUGUST 14,15, 16, 2009

www.middletnalanon.org

Sheraton Music City

615-885-2200



Alateen's Personal Information

Name: _____

Name to be placed on Nametag: _____

Adult accompanying Alateen At Event: _____

Medications or prescriptions: _____

Allergies to Medicine or Food: _____

Other Special Needs or Considerations: _____

(please attach another sheet if necessary)

Parent/Legal Guardian Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: Home _____ Work _____ Cell _____

Relationship to Alateen: _____

Parental Consent

As the parent/legal guardian, I have reviewed the information concerning the above named event and I give permission for _____ to attend. As parent/legal guardian I authorize emergency medical treatment for the child named above in the event that I cannot be reached. I agree, should it become necessary to incur any medical expense as a result of illness or injury, I will accept full responsibility for such expenses.

I hereby release and discharge the Al-Anon/Alateen Family Groups, their representatives, the Alateen Sponsor, and the selected responsible adult from any and all liability which may result from any injury or illness sustained by my child from any cause whatsoever in connection with this trip, including transportation to and from all related activities.

Further, I believe that this Alateen is physically and mentally capable of taking reasonable precautions to protect his or her own safety and the maturity and judgment not to put themselves or others in dangerous situations.

Signature _____ Date: _____