I

AISDV Alateen Winter Workshop
Permission Form / Medical Information

I hereby grant permission for _____, age _____, who is/is not a minor (circle one) with a Date of Birth of: ____/____/____ , to take part in the AISDV Alateen Winter Workshop on Saturday, January 6, 2018, which will be held at St. Mary's Church, E Lancaster & Louella, Wayne, PA, from 3 p.m. to 10 p.m. I agree to hold the AISDV harmless for any or all occurrences that might occur while my son/daughter attends this event.

I agree that _____ (AMIAS) is in charge and will at all times make decisions in the best interest of my child. In case of accident or the need of emergency medical attention, the person designated above has my permission to use his/her best judgment. I hereby authorize the person designated above to obtain any emergency medical care necessary for my son/daughter at any licensed medical location during the AISDV Winter Workshop. It is understood that this information is given in advance of any specific diagnosis, treatment or hospital care that might be required and is given to provide authority and power to the licensed medical professional in the exercise of his/her best judgment in an emergency for my child in my absence.

(Parent/Guardian) Signature: _____ Date: _____

Printed Name: _____

Address _____

_____

Home Phone: _____

Cell Phone/Emergency Phone: _____

Name of Insurance Company: _____

Policy Number: _____ Group #: _____

Doctor's Name: _____

Doctor's Office Phone Number: _____

My son/daughter has the following condition:

_____

_____

He/She is allergic to the following:

_____

_____

He/She requires the following medication (including dosage, amount and time to be taken) which will be given by the sponsor/adult in charge of your child and group. Medication must be contained within the original prescription container(s):

_____

_____

Any other important information, such as dietary needs:

_____

_____

Please bring the completed form and present upon registration.

Sponsor Approval Signature: _____