



IT'S TIKI TIME AT ALATEEN

Saturday, May 15, 2021

Covered Bridge Park

229 Keeley Ave, New Britain, PA 18901

Schedule:

Welcome & meeting 3-4

Free time/games/fellowship/fishing 4-6

Dinner 6-7

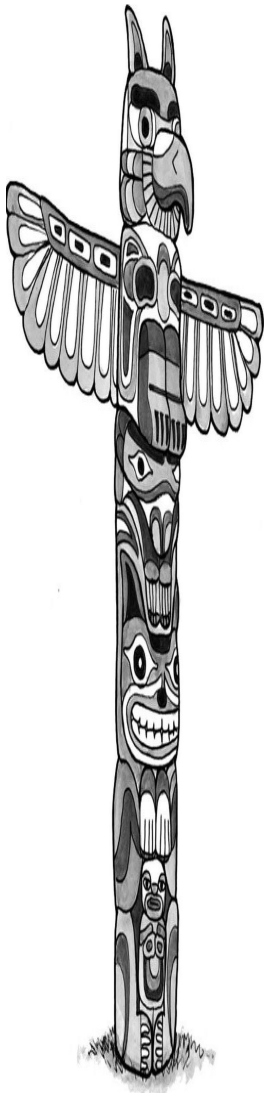
7-8 Prizes, Raffle & 50/50

8-9 Sharing around the fire

Please bring snacks to share & desserts

Groups are asked to donate raffle items

\$5 donation ~ if you can't pay, don't stay away!



PA AREA ALATEEN
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 Alateen picnic – “It’s Tiki Time in Alateen”. I agree to hold the PA AWSC harmless for any or all occurrences that might occur while by 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 event listed. 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 give to the AMIAS.

Sponsor Approval Signature: _____

