

## **Alateen Event Plan Form**

Please complete this form for the proposed Alateen event and submit it to the Area Alateen Sponsor Coordinator for approval 30 days before the event date (60 days before an overnight event). Include the **permission/medical release form**, **agenda**, and **Behavior Guidelines**.

1. What type of event is it? (*Fundraiser, Convention, Conference, Other*)

**Alateen Fundraiser open to AI-Anon members**

2. What are the date(s) of the event?

**June 1, 2013 from 6:00 pm - 10:30 pm**

3. What are the full names of the Event Sponsors? (Male AND Female required if overnight)

Male:

**John Smith**

Female:

**Jane Doe**

4. How many Alateens do you **estimate** will attend the event?

**15**

5. How many AMIAS chaperones will be assisting during the event (*in addition to the Event Sponsors*) and what are their full names?

1

**Abigail Adams**

4

**David Duram**

2

**Bob Benson**

5

3

**Carrie Cassillo**

6

6. How will the Alateens be supervised by Sponsors and/or AMIAS chaperones throughout the event? *If supervision is only at designated times, how will the Alateens be transitioned from the Sponsors/Chaperones - to the parent/guardian?*

**Each Alateen is assigned to a station and each station will be supervised by a certified AMIAS as follows:**  
**Registration Table: Abigail Adams**  
**Food Counter: Bob Benson**  
**Pre-Alateen Table: Carrie Cassillo**  
**Stage (Speakers): David Duram**

7. Is registration required for this event?

**Yes**

**No**

What is the plan for Alateens that have registered for the event and do not have a parental signed permission/medical release form *or for Alateens that do not need to register but do not have a parental signed permission/medical release form?*

**All Alateens that are working the event will be required to turn in the Event Permission/Medical Release form by the last planning meeting (May 28). Alateens attending the event (but not working the event) will be required to be accompanied by a parent/guardian throughout the event or will not be allowed access to the event. If a minor shows up without adult supervision, their parent/guardian will be notified.**

8. Does the event permission/medical form include the following? (attach form)
- yes a. Alateen name, age, address, & phone
  - yes b. Alateen medical issues & current medications
  - yes c. Alateen medical insurance information
  - yes d. Hold Harmless statement & Authorization to obtain medical care
  - yes e. Parent name, signature, address, phone, & emergency contact

*Note: All items above must be included in the permission form!*

9. What is the emergency plan so that Alateens can obtain emergency medical care should the need arise and how will the parent/guardian be notified?

**The Permission/Medical Release forms will be kept in a file box at the Registration Table. In the event of a medical emergency, the form will be provided to the medical personnel so that medical care can be obtained by the Alateen minor. In addition, the parent/guardian will be contacted to inform them of the situation. If the Alateen is transported to a medical facility, an AMIAS will remain with them until the parent/guardian or emergency contact person arrives at the medical facility.**

10. What is the plan for dealing with Alateens that are not abiding by the Area Safety & Behavioral Requirements and/or the Event Behavior Guidelines?

**The offending member will be given a warning. If the behavior continues or the violation directly affects the safety of the other Alateen participants, the offending individual will be separated from the other Alateens and their parent/guardian will be contacted so arrangements can be made to have the offending individual picked up and removed from the facility.**

11. How will the Alateens be informed of the Area Safety & Behavioral Requirements *and Event Behavior Guidelines, if applicable?* (attach Behavior Guidelines)

**The SCWS Area Alateen Safety & Behavioral Requirements (page 7) will be distributed at the planning meeting. The Alateens must agree to abide by them in order to participate in the event. In addition, this page will be posted at the Registration Table during the event.**

12. If event is overnight, how will males and females be separated AND chaperoned at all times throughout the night?

**N/A - This is not an overnight event**

**Agenda:**

**6:00 pm - 7:00 Set up**

**7:00 - 10:00 pm Fundraiser**

**10:00 pm - 10:30 pm Clean up**

# Alateen Permission & Medical Consent Form for SCWS Sample Fundraiser 2013

Event Sponsors: John Smith and Jane Doe

## ALATEEN MEMBER

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## ALATEEN MEMBER'S MEDICAL INFO

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medication	Dosage	Time to be administered

Allergies: \_\_\_\_\_

Other Health Concerns (asthma, diabetic, etc): \_\_\_\_\_

I agree to comply with the Alateen Behavioral Guidelines and understand that I must be supervised at all times by a parent/guardian or Event Sponsor/AMIAS Chaperone, even if I am not a minor.

Alateen Member (signature): \_\_\_\_\_ Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I the undersigned parent/legal guardian of the Alateen Member stated above do hereby grant permission for the Alateen Member to participate in the event stated above and grant the Event Sponsors stated above to act on my behalf in order to authorize medical care during the event.*

## CONSENT TO TREATMENT OF A MINOR

In case of an emergency, I *the undersigned parent/legal guardian of the minor listed above* do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is tendered under the general and special supervision of any licensed medical and/or dental professional or an individual working under the supervision of any licensed medical or dental professional (professional) regardless of location.

It is understood that this authorization 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 aforementioned professional in the exercise of his best judgment that may be deemed advisable.

This authorization is pursuant to the provisions of the Civil Code of the State of California and shall remain in effect

**on June 1, 2013 from 6:00 pm to 10:00 pm.**

I acknowledge that as the parent/legal guardian of the Alateen member, I am responsible for payment of any medical services required and obtained on the Alateen member's behalf. I further hold harmless the supervising AMIAS's, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent or Legal Guardian (signature): \_\_\_\_\_ Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

First & Last Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact (in case parent/guardian above is unavailable): \_\_\_\_\_