

**TRAVEL AUTHORIZATION AND  
CONSENT TO TREATMENT OF A MINOR**

To Be Carried While Traveling To and From Any Alateen/Al-Anon Event  
Complete This Form – Regardless of Age (Please Print)  
*Revised 10/25/15*

I do hereby authorize \_\_\_\_\_ (drivers) to  
transport \_\_\_\_\_ (minor)  
to \_\_\_\_\_ (destination).

And hereby waive any and all claims against AFG of MD and DC, Inc., its volunteers, employees, leaders, contractors, assignees, and participants for any and all acts, omissions, negligence, or other issues at or related to this transportation and to hold AFG of MD and DC, Inc. harmless for any claims against AFG of MD and DC, Inc.

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Authorized signature by parent or legal guardian	Telephone Number	Date
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In case of emergency, (I) (We), the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor with date of birth on \_\_\_/\_\_\_/\_\_\_ do hereby authorize \_\_\_\_\_, an agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is tendered under the general and special supervisor of any licensed medical and dental professional or any individual working under the supervision of any licensed medical or dental 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 this/her best judgment that may be deemed advisable.

This authorization shall remain effective from \_\_\_\_\_ through \_\_\_\_\_ unless revoked sooner in writing and delivered to said agent.

Signatures

_____ Parent or Legal Guardian signature	_____ Witness signature (Other than parent or guardian)
_____ Parent or Legal Guardian Printed Name	
_____ Emergency Phone Number	
_____ Date	

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Please list any allergies: \_\_\_\_\_

Please list any medications currently being taken (INCLUDE MEDICINES SUCH AS PENICILLIN, LOCAL ANESTHETICS, ASPIRIN, SULFA DRUGS OR SEDATIVES):

\_\_\_\_\_

\_\_\_\_\_

Medical Insurance Information:

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