

Wisconsin and the Upper Peninsula of Michigan Area (WIUPMI) WISCONSIN AL-ANON/ALATEEN, INC.

For families and friends of alcoholics

Participating Minors Information and Permission Form (updated 3/91, 09/08, 10/17, 8/18) Required when Parent/Guardian is registering Alateen/minor on-site – PMIPF-B

Parents/Guardians - Please read, complete, sign, and have witnessed by an Al-Anon Member Involved in Alateen Service (AMIAS) Volunteer.

Participating Minors – This completed and witnessed form must be presented at the Alateen registration table prior to taking part in any closed Alateen meetings.

Minor's Name:		
During this event the parent or guard	lian can be reached at phone:	
Minor is traveling to this event with		and he/she is the
During this event the Minor will be	staying with	
Does your child have any allergies? If yes, please list:	Yes No	
Is your child on any medication? If yes, please list:	Yes No	
Please write any information we sho		
I have read the attached WIUPMI-A	Policy number rea 61 Rules for Participating Minors at Area/Di ions/Assemblies and discussed them with my ch	istrict Events
I,for my Child	(parent/legal guardian print name), grant my permission (print name) to travel and take part in (name of event).	
In case of accident or emergency, I use reached, I give the above adult e I also agree that the named adult members of the group and will e	enderstand every effort will be made to contact rescort my permission to act for me and obtain any tescort is in charge and will at all times make deexpect that the rules are followed.	ne, but in the event I cannot be y necessary medical care for my child.
Signed: (Witness)	(Parent/Guardian)	(Date signed)
Print names:	,	(= ::: = ======)
(Witness)	(Parent/Guardian)	
To be presented by the Participating	Minor member at the time of registration.	
Parent/Guardian	Room Number	
	Room Number	
	ast always carry the name and contact phone num	