



**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 (3/91) (09/08) (10/17)**

**Parents** - Please read, complete, sign, and have notarized.

\***AMIAS** - Please keep original of this form

**Participating Minors** - A copy of this form must be completed and presented at the time of your registration prior to taking part in any of the activities.

**Minor's Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

During this event the parent or guardian can be reached at phone: \_\_\_\_\_

Minor is traveling to this event with \_\_\_\_\_  
 and he/she is the designated AMIAS or Parent/Legal Guardian.

During this event the Minor will be staying with \_\_\_\_\_

Does your child have any allergies? Yes No  
 If yes, please list: \_\_\_\_\_

Is your child on any medication? Yes No  
 If yes, please list: \_\_\_\_\_

Please write any information we should know about your child's health:

Do you have hospital and accident insurance? Yes No  
 Company name \_\_\_\_\_ Policy number \_\_\_\_\_

I have read the attached Area 61 Rules for Participating Minors at Area/District Events Including Conferences/Conventions/Assemblies and discussed them with my child and I agree they should be enforced.

I, \_\_\_\_\_ (parent/legal guardian print name),  
 grant my permission for my Child \_\_\_\_\_ (print name)  
 to travel and take part in \_\_\_\_\_ (name of event).

In case of accident or emergency, I understand every effort will be made to contact me, but in the event I cannot be reached, I give the above adult escort my permission to act for me and obtain any necessary medical care for my child. I also agree that the named adult escort is in charge and will at all times make decisions for the best interest of all members of the group and will expect that the rules are followed.

Signed: \_\_\_\_\_  
 (Notary Public) (Parent/Guardian) (Date signed)

Print names: \_\_\_\_\_

To be presented by the Participating Minor member at the time of registration.

AMIAS/Parent \_\_\_\_\_ Room Number \_\_\_\_\_

Minor's Name \_\_\_\_\_ Room Number \_\_\_\_\_

**Important:** Participating Minors must always have the name and contact phone number of the AMIAS/Parent/Legal Guardian with them.

\*AMIAS – Al-Anon Member Involved in Alateen Service