



ONTARIO SOUTH ASSEMBLY (AREA 86)

AL-ANON/ALATEEN FAMILY GROUPS

SECTION 10: FORMS & Miscellaneous

FORM B: MEDICAL FORM – ALATEEN

**The information on this form is private and confidential,
and MUST be destroyed after the event.**

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PLEASE PRINT CLEARLY

Participant's Information:

First and Last Name: _____

Health Card Number: _____

Any condition, medical or other? (Please check one) NO YES

If YES, please describe.

Any allergies? (Please check one) NO YES

If YES, please describe.

For example specific food or medication.

Any medication brought with participant? (Please check one) NO YES

If YES, please list all prescription or over-the-counter medication.

If Participant is under 18 years of age:

Custodial Parent/Guardian Name: _____

Signature: _____

Signature of Participant if 18 or over: _____

Date: _____