

**Adopted Teen Empowerment & Mentoring Program  
Youth Information/Emergency Contact Form  
2009-2010**

The ATEAM staff realizes that the following is sensitive information. All documentation will be kept strictly confidential. PLEASE READ, COMPLETE THIS SHEET, ONE FOR EACH TEEN AND GIVE TO THE ATEAM SITE COORDINATOR

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ t-shirt size: Adult \_\_\_sm \_\_\_med. \_\_\_lg. \_\_\_XL

**Emergency Contact Information** (Please list contact information for other adults who would assume responsibility for your teen in case of emergency and parents can't be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Please list your health insurance provider & policy number for emergency treatment:

Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Is your teen taking any prescription medications that we need to be aware of? \_\_\_\_\_

If so, please complete a prescription medication form each time your teen attends an ATEAM meeting.

Please describe any medical conditions your teen may have:

Please describe any drug or food allergies your teen may have:

Briefly describe any dietary needs your teen may have:

Please tell us any thing else you would like for us to know about your teen in regards to his or her special needs. Please list emotional, physical, cognitive, or social needs you think we need to be aware of.

At what age was your teen adopted? \_\_\_\_\_

Was your teen adopted through a private, state or international adoption?

Are you currently receiving adoption assistance funds through DHR?

Does your teen have siblings that he or she has been separated from? If so, have there been any reunion attempts and how often?

Does your teen have any contact with biological family members?

In the past have you or any of your family members received any of the following services for issues concerning your adoptive teen:

General Support groups	Yes____	No____
Teen/Child Support groups	Yes____	No____
Individual counseling for children in the household	Yes____	No____
Family Counseling	Yes____	No____

Would you be interested in attending the Parent Support Meetings, which are held during the first hour of each scheduled ATEAM event? \_\_\_\_yes \_\_\_\_no  
If no, please give reasons for not attending these meetings.

**ADOPTED TEEN EMPOWERMENT & MENTORING PROGRAM**

**Prescription Medicine Administration Form**

In order to for us to accommodate your teen’s needs, the following is required:

- 1) All prescription drugs must be turned in to the designated ATEAM staff member.
- 2) Prescription medicines must be in the original prescription bottle with the teen’s name, prescribing doctor’s name, dosage amount, times to be given, and diagnosis and/or condition for medication.
- 3) We must have this form signed and on file before prescription medicines may be administered.

List below the prescription medicines that you are leaving with us:

Prescription Name	Dosage	Times to be Taken	What Condition/diagnosis is Medication being given for?
1.			
2.			
3.			
4.			
5.			

I give the ATEAM staff permission to administer the above prescription medicines to my child according to the directions stated on the bottle.

\_\_\_\_\_  
Teen’s Name (printed)

\_\_\_\_\_  
Parent’s name (printed)

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

**CONSENT AND RELEASE FORM**

**TO BE SIGNED BY PARENT OR GUARDIAN**

I certify that I am the parent or legal guardian of \_\_\_\_\_(print name of child).

I hereby grant the Georgia Department of Human Resources, Office of Adoptions, and Family Matters Consulting Inc., the following irrevocable rights:

1. The right to use my child’s name, photograph, picture, portrait, likeness and voice (hereinafter collectively known as “image”) in connection with its educational materials or for any other legitimate purposes;
2. The right to use, reproduce, publish, exhibit, distribute and transmit my child’s image individually or in conjunction with other images or printed matter in the production of motion pictures, television tape, sound recordings, still photography, CD-ROM and other media;
3. The right to record, reproduce, amplify and simulate my child’s image and all sound effects produced;
4. The right to copyright in its own name works that contain my child’s image; and
5. The right to assign the above rights to third parties.

I hereby waive the right to inspect or approve my child’s image or any finished materials that incorporate my child’s image. I understand and agree neither I nor my child will receive compensation, now or in the future, in connection with the use of my child’s image, unless an agreement for compensation appears as an attachment to the Consent and Release Form.

**I hereby release and forever discharge the Georgia Department of Human Resources, Office of Adoptions, and Family Matters Consulting Inc., their members individually and their officers, agents and employees, from any and all claims, demands, rights and causes of action of whatever kind that may have been, either in my own behalf or in my capacity as legal representative of my child, caused by or arising from the use of my child’s image, including all claims for libel and invasion of privacy.**

I understand that the acceptance of the Consent and Release Form by the Georgia Department of Human Resources, Office of Adoptions, and Family Matters Consulting Inc., shall not constitute a waiver, in whole or in part, of sovereign immunity by said Board, its members, officers, agents and employees.

I certify that I am at least 18 years of age and that I have read and understand the above.

SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

PRINTED NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO CHILD\_\_\_\_\_

# ATEAM GROUP AGREEMENTS

## Participant Code of Conduct

AS PART OF THE ATEAM GROUP I WILL:

- ◆ Be supportive, considerate and kind to all members — NEVER PUTTING OTHERS DOWN
- ◆ Avoid side conversations during group discussions and wait my turn to share
- ◆ Be careful not to point out other people's weaknesses
- ◆ Refrain from giving advice unless someone asks for it
- ◆ Allow equal time for everyone and not take over the discussion
- ◆ Recognize boundaries and be respectful of another member's space
- ◆ Be considerate of an adult mentor's responsibility by playing it safe and staying with the group
- ◆ Take care and be respectful of the provided space, materials and equipment
- ◆ Accept responsibility for your belongings and be respectful of others
- ◆ Be willing to work through and resolve things when conflicts occur within the group
- ◆ Be willing to listen to other people's point of view and respect others' differences and opinions

I \_\_\_\_\_,  
understand that in order to participate in this program, I must abide by these established group agreements and code of conduct. I understand that if I fail to abide by this code of conduct, or if I cause severe disruptions to the group including but not limited to, verbal and physical aggression against staff or other participants, failure to follow safety guidelines or program instruction, or failure to remain with the group, this may be cause for my dismissal from the ATEAM program.

TEEN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parents please provide any appropriate documentation that may be helpful to assist ATEAM staff in developing a positive relationship with your teen by helping him or her to be able to maintain self control, and manage his or her behavior through verbal redirection if necessary. If appropriate, you may include a statement of any diagnosis and suggested recommendations that might be helpful to the staff who are interacting with your teen. ATEAM staff members are not allowed to use any type of physical interventions.

COMMENTS: \_\_\_\_\_

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