

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

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: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ Mother's Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ Father's Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mother's Email Address: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Teen's t-shirt size: Adult \_\_\_ small \_\_\_ medium \_\_\_ large \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL

**Emergency Contact Information** (Please ONLY list contact information for **other adults** who would assume responsibility for your teen in case of emergency and parents can't be reached or in case you need someone else to pick your teen up in your absence. )

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 anything 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 Georgia Department of Human Services, DFCS? \_\_\_\_ YES \_\_\_\_ NO

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____
Any other Post Adoption Services	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 provide us with some basic reasons why you do not wish to attend this type of meeting:

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**CONSENT FORM FOR PARTICIPATION IN THE  
ADOPTED TEEN EMPOWERMENT AND MENTORING PROGRAM  
Hereafter referred to as the "ATEAM" Program**

I grant my permission for my child or children \_\_\_\_\_  
(Enter child's full name)

(ONE FORM FOR EACH CHILD)

to participate in the ATEAM Program at: \_\_\_\_\_  
(List the ATEAM Site Location)

I understand that it is my responsibility to provide transportation for my child (ren) to and from the designated program site.

I understand that in order to participate in this program, my child (ren) must abide by the established rules and codes of conduct established by the ATEAM program. Severe disruption of the program, including but not limited to: verbal and physical aggression against staff or other participants, failure to follow safety or program instruction, and continued disruptive behavior may be cause for dismissing my child (ren) from the program.

I understand that the activities of this program may include certain physical activities such as: swimming, hiking, climbing, etc. I understand and agree to assume any and all risks associated with ATEAM PROGRAM activities.

If any illness, injury, or accident occurs which, in the sole judgment of the staff of the ATEAM Program, requires immediate medical attention, I give consent from any member of the ATEAM staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I hereby indemnify and hold harmless the ADOPTED TEEN EMPOWERMENT & MENTORING PROGRAM, THE GEORGIA DEPARTMENT OF HUMAN SERVICES, DFCS, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING INC., THE HOSTING ONSITE FACILITY their members individually and their officers, agents and employees, and any and all staff members employed or volunteering with the ATEAM PROGRAM from any costs, expenses, damages or other liability arising from any acts or omissions of staff members and medical care providers. I understand that in the event of an emergency medical situation, I will be notified as soon as possible.

I also agree to provide the ATEAM staff with up to date emergency contact numbers in cases when I cannot be reached. I understand that my child must be picked up at the site location on time as late pick up affects staff's personal time. I understand that I must contact the Site Coordinator if I know that I'm running late for pick up. I agree to make arrangements for my child's transportation and understand that if I DO NOT CONTACT the ATEAM staff regarding late pick up then the emergency contacts I have provided will be contacted. If the ATEAM staff cannot reach either parent or any of emergency contacts listed OR if no one has picked up my child within 30 minutes of the designated pick up time, I understand that the police and local authorities will be contacted. \_\_\_\_\_ **(please initial)**

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while my child is attending the ATEAM program is my responsibility, and that the ADOPTED TEEN EMPOWERMENT & MENTORING PROGRAM, THE GEORGIA DEPARTMENT OF HUMAN SERVICES, DFCS, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING INC., THE HOSTING ONSITE FACILITY, their members individually and their officers, agents and employees are not obligated to pay for such medical care.

Although the utmost care will be taken to safeguard my child (ren), I understand and agree that participation by my child in the ATEAM Program is at the sole risk of my child, and I the legal parent and/or guardian agree to assume that risk. I hereby indemnify and hold harmless the ADOPTED TEEN EMPOWERMENT & MENTORING PROGRAM, THE GEORGIA DEPARTMENT OF HUMAN SERVICES, DFCS, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING INC., THE HOSTING ONSITE FACILITY from any and all costs, expenses, damages, and other liabilities arising from or by reason of my child(ren)'s participation in the ATEAM Program.

I hereby release and forever discharge, the ADOPTED TEEN EMPOWERMENT & MENTORING PROGRAM, THE GEORGIA DEPARTMENT OF HUMAN SERVICES, DFCS, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING INC., THE HOSTING ONSITE FACILITY their members individually and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's participation in the ATEAM Program.

I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the ADOPTED TEEN EMPOWERMENT & MENTORING PROGRAM, THE GEORGIA DEPARTMENT OF HUMAN SERVICES, DFCS, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING INC., THE HOSTING ONSITE FACILITY shall not constitute a waiver, in whole or in part, of sovereign immunity by said groups, its members, officers, agents, and employees.

\_\_\_\_\_  
Parent's Name (printed)

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for my child (ren) to participate in field trips and activities that are a part of the scheduled activities for the Adopted Teen Empowerment & Mentoring Program. I understand that some of these activities may include bus or van transportation, and give permission for my child to be transported as necessary.

\_\_\_\_\_  
Parent's Name (printed)

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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

**ATEAM CONSENT AND IMAGE 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 Services, DFCS, Social Services Administration, 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 Services, DFCS, Social Services Administration 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 Services, DFCS, 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.

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

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

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
- ◆ Refrain from using any type of tobacco products, alcohol or any other illegal drugs

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: \_\_\_\_\_

## **ATEAM Cell Phone and Electronic Device Policy Participant Acknowledgement Form**

In order to make sure my belongings and personal items are taken care of and are not lost or stolen while participating in this program, I understand that **ABSOLUTELY NO** cell phones will be allowed during ATEAM Retreats. If I need access to a phone during these programs, I will see a staff member from my site.

I also understand that if I choose to bring any electronic device (i.e., CD or MP3 player, electronic hand-held game, pager, etc.), it can **only** be used during the van ride to and from the retreat and in the cabin after 10:30 pm. I understand that if these items are lost, stolen, or damaged, no ATEAM staff or group member will be held responsible.

I understand that if an **ATEAM staff member from ANY site** sees me using an electronic device or cell phone during scheduled activities, then they will confiscate it and give it to my site coordinator. I also understand that I will not have access to this item until I return home.

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

DATE: \_\_\_\_\_

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

DATE: \_\_\_\_\_