



**CONSENT FORM  
APPROVAL BY PARENTS OR GUARDIANS**

*( For AMVETS Juniors and Guests under 21 years of age, participating in an AMVETS trip or activity)*

\_\_\_\_\_/\_\_\_\_\_  
 First name of Junior member/guest and middle initial. / Last name  
 \_\_\_\_\_/\_\_\_\_\_  
 Address / Birth date (month/day/year)

\_\_\_\_\_  
 Additional address (need street address if you have a P.O. Box )  
 \_\_\_\_\_/\_\_\_\_\_  
 City / State / Zip Code

Area code and telephone No. (Parent's business) Area code and telephone No. (Parent's home)

**APPROVAL**

**( If two parents/guardians both need to sign.)**

FOR: \_\_\_\_\_ on: \_\_\_\_\_  
 (Name of Activity, Trip, etc.) (Date/s)

Father/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 PRINT

Father/Guardian Signature: \_\_\_\_\_  
 PRINT

Mother/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_

**PARENTS OR GUARDIANS**

*Please read all the statements on both pages before giving approval for participation in the activity listed above.*

***I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. Further, I agree that this AMVETS Junior youth member or guest can meet the health and physical fitness requirements of the trip or activity.***

**Junior youth member or guest ( ) Is ( ) Is Not taking a Prescription medication**

**Medical Release**

In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-Ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

My (Parent/Guardian) Insurance Company is: \_\_\_\_\_

Policy Number \_\_\_\_\_

Our Physician: \_\_\_\_\_

Physician's Phone Number:( ) \_\_\_\_\_

**Water Activities**

In the event that the trip or activity takes place near water and/or opportunity to swim,

I certify that this Junior member/guest is

(Check One) :

- \_\_\_\_\_ Nonswimmer
- \_\_\_\_\_ Beginner Swimmer
- \_\_\_\_\_ Advanced Swimmer
- \_\_\_\_\_ Lifeguard Certificate Holder

All such activities are to be conducted within the Safety guidelines as may be appropriate.

**Waiver of Claims**

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against AMVETS, Posts, Districts, Departments, its subordinates, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to/or incurred or suffered by the Junior member/guest named above or to his or her property, in conjunction with or incidental to the trip or activity, including travel, are hereby expressly waived by the member/guest and the member/guests family or guardians.

**For Use by Notary Public if Required**

In an effort to provide better child protection, certain states now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s)- in the event of divorce/remarriage. If you will be traveling through or going to an area Where either or both of these restrictions apply, use the bottom of this form to accommodate these additional signatures as Required.

**Required Signatures as Necessary**

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**If Required:**

Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_

**Signature:**

\_\_\_\_\_  
Notary Public

**Seal**



**Questions:**

**Contact National Junior AMVETS Coordinator**  
**National Headquarters**  
**4647 Forbes Blvd.**  
**Lanham, MD 20706**  
**Toll Free: 877-726-8387**