



# Washington AmeriCorps Parental Consent Form

## FOR PARENT OR GUARDIAN OF MEMBERS UNDER 18 YEARS OF AGE:

I, the undersigned parent/guardian of \_\_\_\_\_ understand the responsibilities and benefits associated with AmeriCorps. I authorize my son/daughter/legal ward to participate in AmeriCorps including educational, training and service related activities provided by the AmeriCorps program.

I authorize the exchange of information between the AmeriCorps sponsor, the Washington Service Corps and the Corporation for National Service which is relevant to successful participation in the AmeriCorps program.

I grant permission for the AmeriCorps sponsor to provide or arrange the necessary medical assistance for my son/daughter/legal ward if I cannot be immediately reached in the event of an accident or illness. I have listed any illnesses, allergies, medical conditions or disabilities that might affect participation in the AmeriCorps program or require medical attention. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian

**SAMPLE**

Date

Please Print:

Name: \_\_\_\_\_

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

City

State

Zip Code

Daytime Telephone Number: \_\_\_\_\_

Evening Telephone Number: \_\_\_\_\_