



PARTICIPANT MEDICAL RELEASE

Please describe briefly any current health issues (including allergies) that may affect your participant's participation in AMIGOS training and chapter activities:

Does participant have any food allergies or any other food requirements? (e.g. lactose intolerant, gluten-free, vegetarian, vegan, etc) Please list if so.

MEDICAL RELEASE

On this date, _____, as the parent(s) / legal guardian(s) of _____, I hereby grant permission for a representative of Amigos de las Américas Seattle Chapter during chapter trainings and chapter activities to make any and all necessary decisions about my/our child's medical treatment in the case of a medical emergency when I/we cannot be reached or there is insufficient time to reach me/us.

Participant Signature: _____

Parent / Legal Guardian Signature: _____

Parent / Legal Guardian Signature: _____