



PARENTAL CONSENT FORM

I (Mother, Father, Guardian) _____

Permit my Daughter, _____

Who is a member of the American Legion Auxiliary Unit ____ District ____ to be a page at the Convention in Sacramento, California.

Telephone: _____ Alternate Number: _____

Medical Insurance Information: _____

Does your child have any medical problem that we should be aware of? **Yes** ____ **No** ____

If Yes Please explain: _____

Please send form to:

Wendy O'Brien, Convention Chairman

1890 Geneva Place

Sacramento, CA 95825

(916) 997-1805 Johnsjammers@att.net