



PARENTAL CONSENT FORM

ONE COPY MUST BE SENT TO DIRECTOR & ONE COPY GIVEN TO CHAPERONE

I permit my daughter, who is a member of the American Legion Auxiliary Unit # _____, District # _____, to attend the Department of California Junior Conference at Wonder Valley, 6450 Elwood Road, Sanger, CA, 93657 from April 27 to 29, 2018 (3 days, 2 nights)

My daughter is 8 years old or older. My signature on this consent form releases the American Legion Auxiliary of any responsibility for accidents or illness resulting from this Conference, during this Conference, en route to or from. **IN CASE OF EMERGENCY, THE PERSON IN CHARGE MAY TAKE MY DAUGHTER TO THE NEAREST FACILITY FOR TREATMENT.**

MOTHER / FATHER / GUARDIAN

TELEPHONE # HOME: _____ CELL: _____

MEDICAL INSURANCE POLICY # (MANDATORY) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Does your daughter know how to swim? _____

Do you allow your daughter to smoke? _____

Is your daughter currently using medication? _____ If yes, the MEDICATION MUST BE SENT IN THE PRESCRIPTION BOTTLE WITH HER NAME ON IT. It will be given to the nurse, as no girl at the Conference may have medication on her person. The nurse will give medication when needed.

IN CASE OF EMERGENCY, THREE (3) NAMES / NUMBERS WHERE PARENT / GUARDIAN MAY BE REACHED

Name _____ Phone # (s) _____

Address _____

Name _____ Phone # (s) _____

Address _____

Name _____ Phone # (s) _____

Address _____

Junior Conference Director 2018

Mindy Sinclair

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