



**JUNIOR CONFERENCE  
PARENTAL CONSENT FORM  
2017-2018**

**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 **PLACE** (3 days, 2 nights) **DATES**

My daughter is 8years 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 Mindy Sinclair [mindysinclair73@gmail.com](mailto:mindysinclair73@gmail.com)