



AMERICAN LEGION AUXILIARY
Department of California

Convention 2016
Fresno, California



PARENTAL CONSENT FORM:

I _____ PERMIT MY DAUGHTER, _____
WHO IS A MEMBER OF THE AMERICAN LEGION AUXILIARY UNIT _____ DISTRICT _____ TO BE A PAGE AT
THE CONVENTION IN ONTARIO, CA. MOTHER/FATHER/GUARDIAN _____

TELEPHONE (____) _____

ALTERNATE NUMBER (____) _____

MEDICAL INSURANCE INFORMATION _____

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF?

YES _____ NO _____ IF YES PLEASE EXPLAIN.

PLEASE SEND FORM TO: Estella Avina, 975 S. Forest Ridge Dr., Cornville, AZ 86325