



PARENTAL CONSENT FORM

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

I permit my daughter , who is a member if the American Legion Auxiliary Unit # _____, District # _____, to attend the Department of California Junior Conference at Forrest Home, 40000 Valley of the Falls, Forrest Falls, CA, 92339 from April 27th to 29th, 2012 (3days, 2 nights)

My daughter is 10 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 DAUGHRRER TO THE NEAREST FACILITY FOR TREATMENT.**

MOTHER / FATHER / GUARDIAN

TELEPHONE # HOME: _____ CELL: _____

MEDICAL INSURANCE POLICY # (MANDATORY) _____

PLEASE ANSWER THE FOLOWING QUESTIONS:

Does your daughter know how to swim? _____

Do you allow your daughter to smoke? _____

Is your daughter under medication? _____ if yes, the MEDICATION MUST BE SENT IN

THE PRESCRIPTION BOTTLE WIOTH HER NAME ON IT. It will be given to the nurse, as not girl at the Conference may have medication on her person. The nurse will give medication when needed.

IN CALSE 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, Jacquelyn Cleveland

13422 Mettler Avenue

Los Angeles, CA 90061 Email: greenstro@sbcglobal.net

310-516-9050

ALL FORMS ARE DUE ON MARCH 1, 2011