



American Legion Auxiliary  
Department of California

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## Jr Parental Consent Form

I, \_\_\_\_\_ permit my daughter, \_\_\_\_\_  
who is a member of the American Legion Auxiliary Unit \_\_\_\_\_ District \_\_\_\_\_ to  
be a page at the 2024 Convention.

Mother/Father/Guardian \_\_\_\_\_

Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

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

Martha Romano  
2222 16<sup>th</sup> Street  
Santa Monica, CA 90405

310-434-8210  
calegionfirstlady@gmail.com