



American Legion Auxiliary
Department of California

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 2025 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

Lucy Hunt
2111 ½ S Sycamore Avenue
Los Angeles, CA 90016

213-521-9895
huntll577@gmail.com