

American Legion Auxiliary Department of Virginia
Spring Conference Junior Sleepover Permission Form

My child _____ has my permission to participate in the
American Legion

Auxiliary Spring Conference Junior Sleepover on _____.
(Date)

I understand that my child will be staying overnight in the hotel room with the American Legion Auxiliary Department Junior Activities Chairman and appointed chaperones that have all been background checked. I have reviewed the itinerary and rules concerning this trip or activity and give permission for my child to participate. I grant permission that in the event of an emergency my child may be treated and medical care may be given. I expressly recognize that my child is responsible for her own behavior. Further, I save harmless and indemnify the American Legion Auxiliary National Organization, the Department of Virginia, District _____ and Unit _____ and its Chairman and Junior Activities Chaperones and leaders and will not hold them responsible for any accident or occurrence involving my child.

Signature: _____ Date: _____

Important: Please list below any allergies your child may have, medications she may be taking, or special concerns. Please make sure your Junior or your Junior's guardian has a copy of her insurance card with them in the event of an emergency.

Allergies:

Medications:

Special Concerns:
