

Junior Auxiliary Permission Form

We will be attending the IARLCA State Convention in _____, on _____, 20___. In consideration of the benefits derived, and in view of the fact that participation is voluntary and having full confidence that every precaution will be taken to ensure the safety and well-being of my child,

Child's Name

Age

during all activities, I agree to his/her participation. I waive all claims against the leaders of these trips, officers, agents, and representatives of the Auxiliary of the Iowa Rural Letter Carrier's Association including the sponsors and chaperones. In the event of an emergency, the leaders of the activity have my permission to obtain medical treatment for my child at a nearby hospital, medical facility, and/or doctor at my expense, if our own doctor is not readily available and restricted as noted below. I understand that all medication must be turned over to the sponsor in correctly identified, original containers. All prescription medication must be in the bottle from the pharmacy with the child's name clearly printed on it.

I am staying at the following hotel _____ Room # _____

Or campground _____ Lot # _____

I can be contacted by cell phone # _____

My child is highly allergic or sensitive to _____

What, if any, medication is this child taking _____

Special instructions for this medication _____

Must your child carry this medication Yes _____ No _____

Date of last tetanus booster _____

Medical Insurance Information:

Company _____ Policy # _____ Group # _____

Your Junior must be picked up within 20 minutes after the function is scheduled to end.

_____ My Junior may leave at the end of the scheduled function (must be at least 14)

_____ My Junior may only leave with another adult/older sibling at the end of any function, as indicated on the registration form.

Signature of parent/guardian _____ Date _____