

**LOUISIANA RURAL LETTER CARRIERS' ASSOCIATION
JUNIOR AUXILIARY PERMISSION SLIP**

Dear Sir/Madam,

We will be attending the state convention of The Louisiana Rural Letter Carriers' Association in Baton Rouge, LA, June 9-11, 2025. In consideration of the benefits derived and since participation is voluntary and having full confidence that every precaution will be taken to ensure the safety and well-being of my child _____ (name), at all activities, I agree to his/her participation and waive all claims against the leaders, officers, agents and representatives of The Louisiana Rural Letter Carriers' Association, Auxiliary, sponsors, volunteers and chaperones of these trips. I also agree by signing that all participants will stay with their chaperones as directed and will abide by all directions set forth by the LARLCA Junior Chaperones. Failure to follow these guidelines will result in an IMMEDIATE dismissal and the participant will be returned to his/her guardian without recourse.

In the event of an emergency, the leader of the activity has my permission to obtain medical treatment for my child from the nearest hospital, clinic, or doctor at my expense. If the child's own doctor is not available and as restricted below.

I understand that all medications must be turned over to an adult leader in correctly identified original containers. All prescription medications must be in the original bottle from the pharmacy with the child's name clearly printed on it.

Parent/Guardian Signature

Date _____

Emergency Information:

Parent/ phone number _____

Hotel name and room number _____

Alternate Contact _____ Phone # _____

Child Allergies _____

List of Childs medication and instructions on time and dosage time/amount _____

Date of last tetanus _____

Childs DOB _____ Age _____

Insurance Information, Co name, policy # and card holders name _____

Childs T-Shirt Size _____ (Please notate if this is a child's size or adult)