

American Legion Auxiliary

Department of Michigan

Empowering Women, Inspiring Communities



DEPARTMENT OF MICHIGAN
Junior Convention
Junior President Emma Damouth
Special Project: Walking Across Michigan
Keeping our Veterans warm



The Junior Convention will be held at the American Legion Chief Pontiac, Post 4816 Mary Sue, Clarkston MI 48346. March 17, 2018 and Sunday, March 18, 2018. Unit # 377 is looking forward to seeing many juniors and their chaperones.

The Junior Activities Committee will be providing crafts for each of the juniors to participate in on Saturday early evening. Unit #377 will be providing dinner on Saturday, Breakfast and Lunch on Sunday. Snacks will also be provided. Cost of meals for attendees will be \$15.00.

The juniors and their adult chaperones **MUST** stay at the post home for the entire convention. It is only necessary to bring:

1. Unit report for Sunday * *
2. **Unit flag (if you have one)**
3. Bedding (sleeping bags, blankets, pillows, etc.)
4. Air mattress (yes, we will be sleeping on the floor!)
5. Personal care items
6. Dress clothes for Sunday's Convention (**NO JEANS!!**)

** Sunday, during the convention, officer or a representative of your Unit will give your Unit report (please provide two copies). If your Unit is not attending please return the registration form stating so with a copy of your report, as it will be read to the convention attendees.

Please do not bring the following:

1. Food. We will supply the meals and snacks.
2. Television or radios.
3. Poster board for campaign signs. We will supply the needed materials.
4. Campaign gimmicks.

The following is a tentative outline for the convention:

Saturday, March 23, 2013

Registration	4:00 p.m. – 5:00 p.m.
Dinner (Explanation of Duties of Elected Officers) Flag Rehearsal & school of instructions	5:30 p.m. – 6:00 p.m.

Meet the 2018– 2019 Junior Officers and Introduce Candidates

Fun Time & Games

Sunday, March 24, 2013 **(NO JEANS)**

Breakfast	8:00 a.m.
Registration	8:00 a.m. – 8:45 a.m.
Call to Order	9:00 a.m.
Convention (Programs will be provided)	

Lunch will be at 11:30 or 12:00

Convention should end no later than 2 p.m.

Past Department Honorary Junior Presidents are welcome at a cost of \$15.00. We would love to have you. Bring pictures of your year for the year book we are working on and information about your year as Honorary Junior President.

Whether you attended or not you can still send the information needed for the history book. The year you served, pictures that you want in the book. Special project if you had any, theme if you had one. How much money you might have raised for your special project.

Please see attached forms if you are ordering Shirts or Hoodies. We hope to see you there.

— — — — — — — — — — — — — — — —
INTENT TO RUN FORM:

Name: _____

Office Running for: _____

Member of Unit: _____

District: _____

Please send letters of endorsements if you have them from your unit or district.
Plan on having lots of fun.



AMERICAN LEGION AUXILIARY DEPARTMENT OF MICHIGAN

212 NORTH VERLINDEN AVE SUITE B - LANSING, MI 48915 (517) 267-8809

I give permission for my daughter, _____ to participate in _____ with the American Legion Auxiliary. I give permission for her photograph taken at the event to be used for publicity purposes. I absolve the American Legion Auxiliary, the sites and volunteers from responsibility for accident or injury which may occur during and aspect of the event, including transportation to, from and during the event. I give permission to the adult(s) in charge to give medications to her and to provide or get emergency medical treatment for her, and I will be financially responsible for any such treatment.

Mother	Father
Name:	Name:
Address:	Address:
I can be reached at the following phone numbers:	
E-Mail Address:	
May we email information to you?	
Insurance Company	
Policy #	
Child's Birthdate	

GENERAL HEALTH INFORMATION FOR MY CHILD

Any allergies or illness:	
Taking any medication:	
Wearing glasses or Contact Lenses	
Approximate time of last tetanus injection:	

To the best of my knowledge, the above health information is correct and the above named person has my permission to engage in all activities unless otherwise stated. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the event director to secure proper treatment for my child.

Date

Signature of Parent or Guardian



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(PLEASE COMPLETE THIS FORM *ONLY* IF YOU ARE TAKING MEDICATION.)

PARENTS REQUEST FOR THE ADMINISTRATION OF MEDICATION BY STAFF PERSONNEL

I hereby authorize, request, and give my consent to the American Legion Auxiliary Department of Michigan or other responsible person, to store, supervise, and/or administer the following medication to my teen.

Prescribed Medication (Doctor's Written Note Attached)	
Non-Prescription Medication	
Name of Teen:	
Address:	
Name of Medication, Dosage, and Route of Administration	
Time of Day to be Administered	
Date to Begin Medication	
Date to Complete Medication	

It is impossible to arrange for this medication to be taken at home, therefore it must be administered during the retreat. ____ Yes ____ No

Please regard my signature below as my assurance that I release the American Legion Auxiliary and Medical Staff from any liability or damages resulting from the consequences of or adverse reaction of our teen's taking or failing to take this medication at the times prescribed. I also agree to keep the American Legion Auxiliary informed in writing of any revision in the physician's prescription. I have had the opportunity to ask any questions. They have been fully answered to my satisfaction.

