

FOR PARENTS TO GIVE CONSENT TO ANOTHER ADULT

| (FOR STAFF: DATE RECEIVED:/// | _) |
|---|---|
| *PLEASE PROVIDE TWO COPIES: ONE FOR THE GUAF | RDIAN AND ONE FOR THE CONVENTION* |
| l,(PRINT LEGAL NAME) | , parent/guardian of |
| | , hereby authorize and Consent |
| (PRINT LEGAL NAME) | , nereby authorize and consent |
| (PRINT LEGAL NAME) | to be the Convention Guardian |
| of my child during the Convention on the following of | dates of March 7, 2024 - March 10, 2024 |
| | |
| SIGNED, SEALED AND DELIVERED | |
| by an Adult (19 years or older) | |
| in the presence of: | |
| | SIGNATURE OF PARENT |
| Signature: | |
| Name: | |