



**ZETA PHI BETA SORORITY, INC.
STATE OF FLORIDA
YOUTH PERMISSION FORM**

PEARLETTES ~ AMICETTES ~ ARCHONETTES

I hereby give permission for my child _____ who is a (Pearlette/Amicette/Archonette) _____ to attend the Zeta's Youth Conference including related travel to Jacksonville, Florida from February 3-5, 2012 under the supervision of _____ chapter.

Medical Conditions/Medications/Allergies:

By signing this form, I also give permission for the chaperones of the supervising chapter to make medical/emergency decisions on my behalf for my child.

Parent/Guardian Signature
parent)/Relationship

Emergency Contact (other than

Parent/Guardian Printed Name

Emergency Contact Phone Number

Parent/ Guardian Phone Number

One form needs to be provided for each child attending.

Soror Loraine W. Davis
Youth Cooridnator
Soror Erna Foushee'
State Director