



La Leche League International Consent Form

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Name: _____

Signature: _____

Parent/Guardian Signature
(if under 18): _____

Date: _____

1. Please Complete, Sign and Date this Document.
2. Attach this document with your submitted material.
3. Email to designgroup@llli.org or your LLLI Contact.

957 N. Plum Grove Road
Schaumburg IL 60173

847.519.7730, 847.969.0460 fax
www.lli.org