

**PERMISSION FORM FOR GIRLS
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
NEW MEXICO**

(updated Jan. 2010)

FILL OUT IN DUPLICATE

PLEASE PRINT

NAME _____ DATE OF BIRTH _____

ADDRESS _____

street city state zip

PHONE _____ CELL # _____

HEALTH INSURANCE CO. NAME _____ POLICY# _____

NAME OF POLICY HOLDER _____

I hereby give my consent for the above named girl to attend and participate in meetings, practices, activities and events of the International Order of the Rainbow for Girls and to accompany the assembly or any adult workers of The International Order of the Rainbow for Girls, to any activities or events. If emergency medical attention or treatment is required, I hereby give my consent for the above girl to be given medical care by a licensed doctor and/or hospital selected by the group leader (s) or emergency medical personnel, if the group leader or leaders are unable to do so. I hereby state that I am financially responsible for medical treatment necessary for the health and safety of the above named girl.

I hereby release and forever hold harmless the International Order of the Rainbow for Girls, the Grand Assembly of New Mexico and _____ Assembly # _____ and any adults working with or accompanying these groups, from all liability incurred, due to accidents, illness, injuries, damages and losses.

Allergies to Medication _____

Date of most recent tetanus shot _____ If not known, mark UNK.

Special medical history of any illness/injury _____

Current medication (include name, dosage, frequency, the medication is taken)

In case of emergency contact _____ Phone _____

Include cell phone # _____

Address _____

street city state zip

Relationship to named girl _____

Signature of parent/guardian _____

Phone numbers (home, cell and work if different from above) _____

Street address, city, state, zip code if different from above) _____

Witness signature _____ Date _____

Witness signature _____ Date _____