

**ADULT PERMISSION FORM
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
NEW MEXICO
(UPDATED Jan. 2010)**

PLEASE PRINT

Adult's Full Name _____ Date of Birth _____

Address _____
Street _____ city _____ state _____ zip _____

Phone Number _____ Cell Phone _____

Health Insurance Co. Name _____ Policy No. _____

Name of Policy Holder _____

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

If emergency medical attention or treatment is required, I hereby give my consent, if I am unable to sign for such treatment. I hereby state that I am financially responsible for medical treatment necessary for my health and safety.

Allergies to medication _____

Date of last tetanus shot _____ If not known mark UNK

Special medical history of any illness/injury _____

In case of emergency, contact _____ phone _____

Include cell phone # _____

Address _____
Street _____ city _____ state _____ zip _____

Relationship _____

Signed _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

DRIVER INFORMATION

Insurance Co. _____ Policy# _____ Exp. date _____

Driver's License # _____ Exp. Date _____

A copy of driver's license and proof of insurance must accompany this form on any outing.