Authorization for Emergency Medical Treatment

This form is for the use of New Hampshire International Order of Rainbow for Girls Only

I ___________________________________, of _______________________________________
(parent or Legal Guardian) (Street Address)

____ am the Father, Mother or Legal Guardian of
(City/ Town)

____. Her date of Birth is ____/____/____

She is a member of _________________________ Assembly, No.______ of the International Order of the Rainbow for Girls. I do hereby give my consent and authorize, in the event all reasonable attempts to contact me at ________________________have been taken but are unsuccessful for the following:
(telephone #)

1. The administration of X-Ray Examination, Medical Diagnosis or Treatment, and Hospital Care deemed necessary by a Licensed Physician or Dentist.
2. The transfer and admission for care, of the girl, to any reasonably accessible Hospital.

The following information is needed by any hospital or practitioner, not having access to the girls' medical history:

Allergies: ____
____

Medicine Currently Being Taken: ____
____

Date of Last Tetanus Shot: ___/___/____ Any physical impairments: ____________________________
____

Other Pertinent Facts to which a physician should be alerted: ___________________________________
____

Family Physician and telephone number: ___________________________

Name, Address & Policy Number of Your Medical Insurance Carrier:
____
____

I also give my permission for a Nurse or an appropriate Adult Chaperone to administer (2) Aspirin, Tylenol, and / or Ibuprofen Tablets to my child for headache relief:

(2) Aspirin ( ) Yes ( ) No

(2) Tylenol ( ) Yes ( ) No

(2) Ibuprofen ( ) Yes ( ) No

Signature of Parent/Guardian:____ Date: ________

Signature of Member (if over 18): ____ Date: _______

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I give my permission to allow **photos** and the **name** of my daughter to be used for promotional or informational purposes on the website maintained by the I.O.R.G. in NH (www.nhrainbow.org).

( ) Yes ( ) No

Signature of Parent/Guardian: ____ Date: ________

Signature of Member (if over 18): ____ Date: _______