

Other pertinent health history: (check if applicable)

<ul style="list-style-type: none"> <input type="checkbox"/> Heart disease <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Pacemaker <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Cough <input type="checkbox"/> COPD <input type="checkbox"/> GERD <input type="checkbox"/> IBS <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Chronic UTI <input type="checkbox"/> Migraines/Headaches 	<ul style="list-style-type: none"> <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cancer <input type="checkbox"/> Allergies <input type="checkbox"/> Eczema <input type="checkbox"/> Visual issues <input type="checkbox"/> Hearing issues <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Irregular/ painful menses
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Other information the advisors should be aware of for the health and welfare of this Rainbow Girl:

Any Physical limitations for which we will need to accommodate: _____

I also give my permission for a nurse or EMT to administer a standard dose of Tylenol ___ Ibuprofen ___ for minor discomfort. (please check off if allowed)



In case of emergency please contact the following person for authorization for treatment:

Parent/Grandparent/Legal Guardian Names: _____

Relationship to Child: _____

Parent/ Legal Guardian Address _____

Home Telephone # _____ Cell # _____

Additional person to contact in case of an emergency:

_____ Phone _____

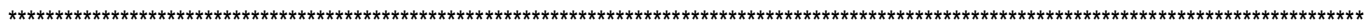
Relationship to your child: _____



Parental signature indicates approval of this Rainbow Girl attending activities sponsored by IORG in NH.

Signature of Parent /Grandparent/ Legal Guardian

date



I give my permission to allow photos of my Rainbow Girl to be used for promotional or informational purposes on the website and Social Media maintained by IORG in NH.

YES ()

NO ()

(Understand that with our Youth Protection Policy only first names will be allowed to be used in any website or Facebook post. No tagging to photo will be allowed without further permission from parent or legal guardian)

Signature of Parent/Grandparent/Legal Guardian

date