INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS GRAND JURISDICTION OF NEW HAMPSHIRE

PERMISSION	Effective January through D	December (year)
Rainbow Adult		Date of Birth
emergency contact regarding my welf authorize emergency medical treatmo emergency medical services upon cor New Hampshire.	fare. In the event that person cannot ent in the event of illness/injury. The asent of an adult in charge, from the I	every effort will be made to contact my be reached, I hereby give my permission to health care provider is authorized to perform nternational Order of the Rainbow for Girls in RG in NH and their designees from any liability
Modical Incurance:		Deliev#
		Policy #
		Thole #
An adult may may not administe	er a standard dose of Tylenol or Ibupr	ofen for minor discomfort.
Name	Address	· · · · · · · · · · · · · · · · · · ·
Home Telephone #	Cell # _	
Additional person to contact in case of a	n emergency:	
	Phone	
Relationship to you:	*************	***********
 Signature indicates approval I give my permission to allow I assume all risks and hazard 	of attending activities sponsored by IC ophotos and videos of me to be used for is associated with my participation, inc othe Supreme Assembly IORG, NH IOR	

date

Signature