

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

PERMISSION Effective January _____ through December _____

Rainbow Girl _____ Date of Birth _____

In the case of any medical emergency, I, the undersigned, understand that every effort will be made to contact me regarding my daughter's welfare. In the event that I cannot be reached, I hereby give my permission to authorize emergency medical treatment in the event of illness/injury to my daughter. The health care provider is authorized to perform emergency medical services upon consent of an adult in charge, from the International Order of the Rainbow for Girls in New Hampshire.

I will assume all financial responsibility for the care of my daughter. I hereby release the IORG in NH and their designees from any liability involving sickness, hospitalization and/or injury.

Medical Insurance for my daughter: _____

Is provided by _____ Policy # _____

My daughter's Primary Care Physician _____ Phone # _____

Medications/Pain relievers presently taken are: _____

For the treatment of: _____

Other information the advisors should be aware of for the welfare of this Rainbow Girl: _____

(i.e.: food or drug allergies) _____

An adult may ___ may not ___ administer a standard dose of Tylenol ___ or Ibuprofen ___ for minor discomfort.

Your name _____ **Your Address** _____

Home Telephone # _____ **Cell #** _____

Additional person to contact in case of an emergency:

Phone _____

Relationship to your daughter: _____

1. Parental signature indicates approval of their daughter attending activities sponsored by IORG in NH.
2. I give my permission to allow photos and videos of my daughter to be used for promotional or informational purposes.
3. I assume all risks and hazards associated with my child's participation, including exposure to COVID-19, and release, hold harmless and indemnify the Supreme Assembly IORG, NH IORG and any local assembly from any and all liability from harm, injury or loss. I agree to keep my daughter at home if she is ill.

Signature of Parent or Legal Guardian **date**