



**INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
MISSOURI PARENTAL/MEDICAL RELEASE FORM**

Rainbow Girl/Pledge NAME _____

DATE: _____

I do hereby grant my permission for the above listed child to attend any Rainbow-sponsored activity, and if an emergency should occur, I grant my permission for hospital or medical personnel to administer immediate treatment to my child should she be injured or become ill while traveling to and from or during any Rainbow activity. I also agree to hold harmless the International Order of the Rainbow for Girls and its workers from any injury incurred as a result of my daughter's participation.

My daughter may be transported to any Rainbow sponsored event by qualified adult chaperones of the Assembly in their private vehicle, rented vehicle or church van driven by the chaperone. YES NO

My daughter age 18-21 may drive herself to a Rainbow sponsored activity. YES NO

My daughter may be transported in a vehicle driven by an older Rainbow Girl age 18-21 YES NO

My daughter may transport other Rainbow Girls, in accordance with Missouri state laws. YES NO

PARENT/LEGAL GUARDIAN NAME (PRINT)

SIGNATURE _____

ADDRESS _____

Street

City

Zip

HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____

INSURANCE COMPANY _____

POLICY # _____ **ID #** _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

ALLERGIES: _____

LIST ALL MEDICATIONS CURRENTLY TAKING: _____

FAMILY PHYSICIAN _____ **PHONE # (_____)** _____

OTHER INFORMATION _____
