

## Rainbow Member Travel Consent and Medical Release Form (pg 1 of 2)

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I hereby give my consent for the above-named girl to engage in the events and activities of the International Order of the Rainbow for Girls and to accompany an Assembly, or other Rainbow group, as a member of the International Order of the Rainbow for Girls on its trips or activities. This consent is also given for participation in regularly or specially called meetings of the International Order of the Rainbow for Girls.

I also agree, upon notification of the Supreme Officer or the Mother Advisor or Grand Deputy of Oregon Grand Assembly, to pick up the above named person at my own expense, if in the opinion of those individuals, it is necessary that she be removed from the site of Grand Assembly for misconduct or failure to follow all rules and regulations of Grand Assembly set forth for her safety and the safety of others.

If emergency service involving medication attention or treatment is required, I hereby give my consent for the above-named girl to be given medical care by a licensed doctor and/or hospital selected by the group leader or leaders or emergency medical personnel, if the group leader or leaders are unable to do so.

I hereby state that I am financially responsible for the medical treatment necessary for the health and safety of the above-named girl. I will submit the claim through my insurance company.

I shall indemnify and hold harmless Oregon Grand Assembly, International Order of Rainbow for Girls (Oregon Rainbow), its leaders and its adult volunteers harmless from and against all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with participant's attendance on Oregon Rainbow trips and activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

The above statement must be dated and signed by the parent/guardian and given to each Mother Advisor or chaperoning assembly adult. The statement must be signed for each girl even if a family has more than one girl attending Grand Assembly, Statewide Initiation or other Oregon Rainbow trip/activity.

**Rainbow Member Travel Consent and Medical Release Form (pg 2 of 2)**

ALLERGIES			CHRONIC/RECURRING ILLNESS		
<input type="checkbox"/>	Medications		<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Food		<input type="checkbox"/>	Heart	
<input type="checkbox"/>	Insect Stings		<input type="checkbox"/>	Epilepsy	
<input type="checkbox"/>	Hay Fever		<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	Other		<input type="checkbox"/>	Other	

**MEDICATION AUTHORIZATION**

*No Rainbow Girl shall keep medication in her possession. All medications must be turned in to the adults in charge.*

The adults in charge have my permission to dispense the following medications to my daughter:

Medication Name	Dosage	Frequency

Asprin-free NSAIDS (non-steroidal anti-inflammatory drugs such as Tylenol) may be administered to by daughter:

NO     YES, amount and frequency: \_\_\_\_\_

Please list describe any health concerns or special disabilities that we would need to be aware of:

I certify that all of the above information is correct.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date