

Rainbow Girl Consent/Release Form

Unless we specifically advise otherwise, we, the undersigned, being the parents and/or legal guardians of hereby give our consent for her to attend any or all
sanctioned and chaperoned Rainbow events or functions which may be held from January 01, 2022 to
December 31, 2022. Furthermore, we release, waive, and absolve the organizations known as the International
Order of the Rainbow for Girls, the Grand Assembly of Alabama, and
Assembly #, I. O. R. G., the Supreme Deputy,
Grand Executive Committee, its Chairman, Mother Advisor, Members of the Advisory Board and all assistants
and volunteers associated therewith from all suits, claims, demands, damages, actions or causes of action arising
or to arise by reason of any injury to my minor daughter (above-named) during any trip, outing, or other event
organized and conducted by the above organization(s) and in which the above named person is involved in the
period January 1, 2022 to December 31, 2022.
In the event of injury or illness to my daughter or ward (above-named), I also nominate, constitute and
appoint in my name, or him/her failing, any attending
representative of the Advisory Board of Assembly #
representative of the Advisory Board of Assembly #, to secure medical treatment, including hospitalization, injections, anesthesia and surgery for my
daughter or ward should the same be recommended by a qualified medical practitioner, thereby authorizing any
of the said persons to sign any consent thereto as fully as I could were I personally present.
I further consent and agree to allow, ratify and confirm whatsoever the representative of the Advisory Board
of, as my attorney, shall lawfully do or
cause to be done by virtue of these presents.
Additional General and Necessary Information
Allergies? Yes No
If yes, what?
(Please specify – food, drug, animal, etc.)
Are there any health factors which could affect your care or that of your child? Yes No If yes, what? (Please be
specific)
Special medications? Yes No
Please specify
List any particular fears if any?

Approximate date of last tetanus shot		
Name and Phone Number of Personal Physician		
Health Insurance		
Details of policy		(Daliey Number
and Group Number)		(Policy Number
Details of policy		
and Group Number)		(Policy Number
In case of emergency, you should call:		
Name: Relations	hip:	
Telephone:		
If a parent/legal guardian cannot be reached, you should call:		
Name: Relations	hip:	
Telephone:		
Permission to visit relatives or friends while in care of	Assembly #	? Yes No
Permission for supervised swimming while in care of	Assembly #	? Yes No
I understand that the consents and authorities hereby granted are only revocable following, but not during, an International Order of the Rainbow for Girls, Gran Assembly # sponsored fu	d Assembly of	Alabama, or
Dated this day of		
(Signature of parent/guardian)		
(Printed name of parent/guardian)		
CTATE OF		
STATE OF,		
COLDITY OF		
COUNTY OF BE IT REMEMBERED, that on this day of	- 0	•

Travel sickness? Yes No Sometimes Medication required?

	Nota	ary Public	_
My appointment expires:			
	Individual Rainbo	ow Girl Consent	
I agree, on my honor as a Ra	inbow Girl, to abide by the ru	rules of conduct and codes of dress as established	ed by
the International Order of the	Rainbow for Girls, the Gran	nd Assembly of Alabama, and/or the Advisory	Board
of	Assembl	oly # while participating in or at offic	ial
		, 2022 to December 31, 2022.	
Dated this day of _		, 2022.	
(Signature of I	Rainbow Girl)		
(Printed Name	of Rainbow Girl)		

execution of the same. IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official

seal, the day and year last above written.