



*Grand Assembly of Texas*

International Order of the  
**Rainbow for Girls**

**Rainbow Member Consent and Release Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy ID No./Group No.: \_\_\_\_\_

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 and activities. This consent is also given for participation in regularly or specially called meetings of the International Order of the Rainbow for Girls.

If emergency service involving medical 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 hereby release and forever hold harmless the International Order of the Rainbow for Girls, \_\_\_\_\_ Assembly # \_\_\_\_\_ and any adults working with these groups, from all liability incurred, due to accidents, illness, injuries, damages and losses.

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

Address: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

In case of emergency, please contact: Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

Please note any special medication information, allergies, or current medications (dosage and frequency) for the above-named girl:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_