



Adult Consent and Release Form

Last Name: _____ First Name: _____

Birth Date: _____

Insurance Company: _____ Policy ID No./Group No.: _____

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.

I hereby give my consent for any emergency service involving medical attention or treatment deemed necessary, if I am unable to sign for such treatment.

I hereby state that I am financially responsible for the medical treatment necessary for my health and safety.

Signed: _____ Date: _____

Address: _____

Phone: _____

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). Also note any food allergies.
