



Grand Assembly of Massachusetts
INTERNATIONAL ORDER OF THE RAINBOW FOR GIRLS
Susan A. Torrey, *Supreme Inspector*

CONSENT & MEDICAL/PHOTO RELEASE FORM

This form may also be submitted online -- <https://formsmarts.com/form/1z0z?mode=h5>

Name of Member: _____ Assembly No. _____

Mailing Address: _____

Cell Phone: _____ Email: _____

I hereby promise to conduct myself according to Rainbow rules and regulations while attending any and all Rainbow events. If I do not abide by this agreement, I will be sent home at my own expense. I hereby release and hold harmless, the International Order of the Rainbow for Girls and any adults working with Rainbow from all liability incurred at Rainbow events.

Signature of Member: _____ Date: _____

Health History (Please list any health concerns):

Please list all allergies of above named member:

Please list all medications, dosage and frequency currently taken by above named member:

Contact Information

Name of Medical Insurance:

Company

Medical Insurance Policy Number:

Family Physician:

Name of Doctor

City & Phone Number of Physician:

In Case of Emergency Contact:

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Parental/Guardian Release Form (REQUIRED for those under 21 years of age)

Whenever it is deemed necessary, I authorize the calling of a doctor and/or providing of other necessary medical services, and I agree to pay for the same through insurance or by other personal means.

I understand that reasonable measures will be taken to safeguard the health and safety of my daughter and that I will be notified as soon as possible in case of an emergency. I agree to indemnify and hold harmless all group leaders or any other representative of the International Order of the Rainbow for Girls in the event of sickness, accident or any other unforeseen event resulting in injury.

Photo Release

Pictures taken at Rainbow events may be posted on the Massachusetts and Supreme Assembly Rainbow websites. (As a safety precaution, only first names and last initial will appear on the websites). If you prefer your daughter's photograph **not** appear on the websites or in other publications, please indicate here, tell your Mother Advisor, and email the Supreme Deputy of MA at supremedeputy@massiorg.org stating "No picture on websites or in future publications."

Name of Member: _____ Assembly No. _____

Parent, Guardian or Sponsor Endorsement

Signature: _____

Printed Name: _____ Date Signed: _____

Relationship to Active Member: _____ Phone: _____

If opting to **not** have your daughter's photograph appear on the websites or in other publications, please provide a statement below:

☐ No picture on websites or in future publications
