

MEDICAL, MEDIA AND EMERGENCY Release and Permission

Washington Idaho Rainbow Girls

RAINBOW GIRL INFORMATION

Name _____ Date of Birth _____
Address _____ Home # _____
Cell # _____ Email Address _____
Carries the following: None ___ Epi-Pen ___ Inhaler ___ Other (please list) _____
Any medications currently taking (please list name and dosage) _____

Any conditions to be aware of _____

I give permission for minor first-aid/over the counter aids such as (but not limited to) Tylenol, Benadryl, etc. **Initial** _____

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION

Mother/Guardian Name _____ Email Address _____
Cell # _____ Work # _____
Father/Guardian Name _____ Email Address _____
Cell # _____ Work # _____

In the event of an emergency where neither parent/guardian can be reached, please contact the following individual:

Name _____ Relationship _____ Phone # _____

INSURANCE INFORMATION

Insurance _____ Group/Plan # _____ Subscriber _____

We authorize the chaperone(s) of our daughter to obtain whatever emergency medical aid which might be necessary as a result of injuries received while engaging in activities/events with the Washington Idaho Rainbow Girls. We further agree to reimburse any monies advanced by them for such purposes, and to indemnify, and hold harmless from any and all claims for medical bills and medical expenses arising from such medical and rendered to and for our daughter named above. **Initial** _____

MEDIA RELEASE

We agree that personal information (name, address, phone) may be printed for use by the Washington Idaho Rainbow Girls. It is understood that discretion will be exercised when the information is used for public purposes. It is also agreed that photographs may be posted on the website maintained by Washington Idaho Rainbow. **Initial** _____

SIGNATURES

Please print Name of Mother/Guardian Signature Date

Please print Name of Father/Guardian Signature Date

The information on this form will remain confidential