

MEDICAL AND EMERGENCY RELEASE AND PERMISSION

MEMBER INFORMATION

Member Name _____ Date of Birth _____
 Address _____ City/Zip _____
 Home # _____ Cell # _____

CONDITIONS to be Aware of:

Allergies:	Chronic/Recurring Illnesses:	Medications currently taking:
_____	_____	_____
_____	_____	_____
_____	_____	_____

My Daughter carries the following: _____ Epi-Pen _____ Inhaler _____ Other (list) _____
 I give permission for minor first-aid/over the counter aids such as (but not limited to) Tylenol & Benadryl). **Pls Initial** _____

PARENTAL AND EMERGENCY CONTACT INFORMATION

Mother's Name _____ Cell # _____ Work # _____
 Father's Name _____ Cell # _____ Work # _____

In the event of an emergency where neither parent 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 & to indemnify & hold harmless from any & all claims for medical bills & medical expenses arising from such medical & rendered to & for our daughter named above. **Pls Initial** _____

ACKNOWLEDGEMENT OF SIGNED MEDIA RELEASE

I/We acknowledge that I/we have signed a Media Release for our daughter. **Pls Initial** _____

SIGNATURES (At least ONE is required)

_____ Please Print Name of Mother or Legal Guardian	_____ Signature	_____ Date
_____ Please Print Name of Father or Legal Guardian	_____ Signature	_____ Date

MOVIE AND TRANSPORTATION PERMISSION

Member's Name _____

Movie Permission: I hereby give my permission for my daughter to view the following rated movies:

_____ G _____ PG _____ PG=13 _____ R (at a home) _____ R (at a theater)

It is expected that Rainbow members will ride with Authorized Rainbow Chaperones for all events. Exceptions can be made on an as needed basis with prior permission from the authorized Rainbow Chaperone if adult drivers are not available. ***All passengers must be in a seat belt at all times when riding in a vehicle!***

Your daughter as a passenger:

___ My daughter has my permission to ride with drivers over age _____ only.

___ My daughter has my permission to ride with any adult or any of the following girls: _____

Other Comments/Restrictions: _____

Your daughter as a driver:

All drivers must follow the Washington/Idaho Travel Policy dated 05/14/2014 and have a Driver License and Insurance form on file with the Mother Advisor.

___ My daughter has my permission to drive herself only.

___ My daughter has my permission to give rides to other Rainbow girls with copies of this permission letter in their car at the time.

My daughter may have the following number of passengers in her car at any time: 1 2 3 4 5
(All passengers must have and use an individual seat belt.)

Other Comments/Restrictions: _____

Signature of Parent: _____

Date: _____

Signature of Member: _____
(if a driver)

Date: _____

I acknowledge that I have read and will abide by the Washington/Idaho Travel Policy.

Parent Initials _____

Member Initials _____