

EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION

This form is to be completed prior to a girl's initiation and annually before Grand Assembly.

Girl's Name _____

Date of Birth _____

DOCTOR'S INFORMATION

Regular Physician Name _____

Physician Contact Information _____

INSURANCE INFORMATION

Carrier _____

Policy Number _____ Carrier Phone _____

Carrier Address _____

Name of Policy Holder _____

MEDICAL INFORMATION

Note all conditions which apply to your daughter. Give specific cause of allergies and applicable special medical information.

Allergies _____

Chronic/Recurring Illnesses _____

Drugs/Medications _____

Diabetes _____ Heart _____

Insect Stings _____ Epilepsy _____

Hay Fever _____ Asthma _____

Poison Ivy _____ Ear Infections _____

Other _____

Physical Limitations _____

Date of Last:

Health Exam _____

Tetanus Shot _____

MEDICATION AUTHORIZATION

No Rainbow Girl shall keep medication in her possession. All medications must be turned in to the adults in charge.

The adults in charge have my permission to dispense the following medications to my daughter:

Medication Name	Dosage	Frequency

Aspirin-free NSAIDS (non-steroidal anti-inflammatory drugs such as Tylenol) may be administered to my daughter: _____ Yes _____ No

If yes, amount and frequency _____

EMERGENCY AUTHORIZATION

I certify that all of the above information is correct. I hereby give my permission to authorize emergency medical treatment for my daughter in the event of injury or illness during the above-referenced event. The health care provider is authorized to perform necessary emergency medical services upon consent of the adult in charge from _____ Assembly, IORG.

Signature of Parent / Legal Guardian

Date

Notarization of Emergency Information and Medical Authorization

State of _____

County of _____

On the _____ day of _____, 20_____, before me appeared (*insert the name of the Parent/ Legal Guardian*) _____,

who is Personally Known to Me or provided photo identification as satisfactory evidence to be the person whose name is subscribed above, and acknowledged that he/she executed it. Witness my hand and official seal.

Notary Public Seal

Signature Notary Public
Notary Public, State of _____
My commission expires: _____