



The International Order of the Rainbow for Girls
North Dakota Grand Assembly

International Order of the Rainbow for Girls - North Dakota Jurisdiction
Youth Protection Policy

Emergency Information & Medical Authorization

Member Name: _____ **Date of Birth** _____

Contacts

Primary Contact: _____ **Relationship:** _____

Address: _____

Primary Phone: _____ Secondary phone: _____

Secondary Contact: _____ **Relationship:** _____

Address: _____

Primary Phone: _____ Secondary phone: _____

Secondary Contact: _____ **Relationship:** _____

Address: _____

Primary Phone: _____ Secondary phone: _____

Doctor

Regular Doctor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Doctors Phone: _____

Medical Information

Allergies: _____

Chronic/Recurring Illnesses: _____

Physical Limitations: _____

Insurance Information

Carrier: _____

Policy #: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical/Dental Authorization

I authorize any adult agent of I.O.R.G. or any activity or program sponsored by I.O.R.G. to stand in my place and stead to administer emergency treatment to, and to obtain ambulance, medical, hospital and/or dental care for participant during the activity and associated travel all at my expense and on my account. I authorize any person licensed to practice medicine or dentistry to provide, respectively, medical or dental care for participant at my expense and on my account.

Indemnity and Release

In consideration of the benefits to me and the participant and the time and expense to be incurred by the I.O.R.G. and/or I.O.R.G. sponsored activity and/or agents of either or both, I (a) agree to hold harmless and indemnify as to any claim or cause of action of participant, participant's parents, guardians, heirs or any of them, and (b) release and agree to release I.O.R.G. sponsored activity, all agents of either or both and each of them, from any and all liability, claims, loss, injury, costs, damages and/or attorney fees arising directly or indirectly, in whole or part, out of the activity, associated private transportation or any emergency treatment or medical or dental care provided to the participant, including but not limited to any claim or cause of action for negligence of I.O.R.G. sponsored activity, agents of either or both, and/or owners or operators of such private vehicles, or any or all of them.

Medication Authorization - No Rainbow Girl shall keep medication in her possession. ALL medications must be turned in to the adults in charge.

Medications

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

Medication:	Dosage:	Frequency:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Over the counter pain relievers, such as Tylenol or Advil, administered to my daughter:

yes no, If yes, amount and frequency: _____

I Certify that ALL of the above information is correct:

Authorized Signature: _____ Date: _____
Parent/Legal Guardian

Emergency Authorization

I hereby give my permission to authorize emergency medical treatment for my daughter in the event of injury or illness during a Rainbow event. The health care provider is authorized to perform necessary emergency medical or emergency dental services upon consent of the adult in charge from:

_____ Assembly, IORG (continued)

Parent/Legal Guardian Date: _____

Travel Release

I, _____ (Parent/Guardian), hereby give my permission to let my daughter, _____ (Child), travel with the following advisor(s) for the International Order of the Rainbow for Girls. I understand that my daughter will be under the supervision of those listed.

- Advisor: _____
- Advisor: _____
- Advisor: _____
- Advisor: _____

Parent/Legal Guardian

Date: _____