

**Rhode Island Grand Assembly**  
**International Order of the Rainbow for Girls**  
**ADULT Medical \* Insurance \* Permission Form**

**Please print legibly!!**

1. I do hereby release Rhode Island Grand Assembly International Order of the Rainbow for Girls and its designees from any responsibility for sickness, hospitalization, or injury beyond their control during the Grand Assembly Sessions from July 9-11, 2010. I personally will be responsible for any financial needs I may have.

2. I have the following allergies and/or medical needs: (if none write NONE)

---

---

3. Medications being taken: (include instructions and dosages, etc. - if none write NONE)

---

---

4. Please explain any other medical, diet, or special needs (if none write NONE)

---

---

5. Our private medical insurer is : \_\_\_\_\_

Policy number \_\_\_\_\_ Insurer's phone: ( ) \_\_\_\_\_

6. Emergency numbers:

Name

Home Phone

Work Phone

\_\_\_\_\_  
First  
Number

\_\_\_\_\_  
Second  
Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date