

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

**ALL sections** must be filled in. Please print legibly!! All signatures must be in the presence of a Notary Public.

1. Miss \_\_\_\_\_ has my permission to attend Rhode Island Grand Assembly on July 9-11, 2010.
2. I understand that the local Assembly and Rhode Island Grand Assembly will designate chaperones to supervise my daughter.
3. These chaperones have my permission to contact any medical or law enforcement authorities as deemed necessary.
4. I hereby release the local Assembly and Rhode Island Grand Assembly and their designees from any responsibility with the above named activity for sickness, hospitalization, or injury beyond their control. I personally will be responsible for any financial needs of my daughter.
5. I agree that she may be sent home at my expense, or if requested by a chaperone (s), I will be required to pick her up personally should she be unruly or uncooperative and violate your rules of decorum and proper behavior. I agree that any expenses incurred on her behalf by the chaperone(s), by the local Assembly, or by Grand Assembly will be reimbursed within three (3) calendar days.
6. She has the following allergies, special needs, dietary needs, or medical needs: (if none, write NONE)  
 PLEASE ALSO INCLUDE FOOD RELATED ALLERGIES OR NEEDS ON THE REGISTRATION FORM! THANK YOU.

\_\_\_\_\_

\_\_\_\_\_

7. Medications being taken: (include dosages and amounts - if none, write NONE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Our private medical insurer is \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Insurer's phone number \_\_\_\_\_

9. **EMERGENCY NUMBERS:**

	NAME	HOME PHONE	WORK PHONE
PARENT:	_____	( ) _____	( ) _____
OTHER:	_____	( ) _____	( ) _____

10. If deemed necessary, for GOOD cause by the chaperones or medical or law enforcement authorities, I agree that her room, luggage, and/or packages of any type may be searched by two or more chaperones, one of which must be a female.

\_\_\_\_\_  
 PRINTED NAME OF PARENT OF GUARDIAN

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

**NOTARIZATION**

In \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 2010, before me personally appeared \_\_\_\_\_, to me known and known by me to be the person executing the foregoing instrument, and they acknowledged said instrument by them executed as their free act and deed.

\_\_\_\_\_  
 SIGNATURE OF NOTARY

\_\_\_\_\_  
 PRINTED NAME OF NOTARY

Notary Seal

State of \_\_\_\_\_, County of \_\_\_\_\_

My commission expires \_\_\_\_\_