MEDICAL / PERMISSION SLIP FOR GRAND ASSEMBLY 2008

My permission is given to _____Assembly No. _____, International Order of Rainbow for Girls for my daughter _____ to attend Grand Assembly, July 11 – 13, 2008 at the Sundome in Yakima Washington.

In consideration of my daughter being allowed to attend Grand Assembly, I/we release _____ _____Assembly No. _____, International Order of Rainbow for Girls of which my daughter is a member, their chaperones and Mother Advisor, from all claims and liability of any nature.

My daughter and I/we understand she will remain with the group unless written permission is given by the undersigned to do otherwise. I/we also understand that if my daughter is caught out of the rooms without permission, we will be expected to come pick her up immediately.

I/we also give permission to the Mother Advisor, or an adult designated by her, to seek the services of a licensed medical doctor in case of an accident or illness requiring medical aid for my daughter and I will take full responsibility for all charges that occur.

Father/Guardian **PRINT**	Date	Address/Phone
Father/Guardian Signature	Date	Address/Phone
Mother/Guardian **PRINT**	Date	Address/Phone
Mother/Guardian Signature	Date	Address/Phone

Please **PRINT** the name and phone number of a relative or friend in case of emergency.

Name	Relationship	Phone
Doctor's name	Address	Phone

Insurance Company: _____

Policy #: _____

Please give below, any special instructions for your daughter such as, medication being taken, allergies to food or drugs, special diets or medical information that would help in the treatment of your daughter, if necessary.