

**WASHINGTON IDAHO GRAND ASSEMBLY
INTERNATIONAL ORDER OF THE
RAINBOW FOR GIRLS**

CONSENT – AUTHORIZATION – RELEASE FORM

Please complete this form and sign in ink.

Full Name of Participant _____

Address _____

City/State/Zip _____

Telephone (_____) _____

Rainbow Title _____

Name of Medical Insurance: _____

ID # _____ Group # _____

Insurance Company's customer Service telephone # (_____) _____

Please give name and telephone number of parent, guardian or close relative to contact in case of an emergency.

1. Name _____ Relationship _____

Home Phone _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Work Phone _____