

MEDICAL/DENTAL AUTHORIZATION

I authorize any adult agent of the International Order of the Rainbow for Girls (IORG) or any activity/program sponsored by the IORG to stand in my place and stand to administer emergency treatment to and to obtain ambulance, medical, hospital and/or dental care for the participant mentioned 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. The participant has no limitations, no need for medication or special diet and no allergies other than as stated below. (Specify diet and medication required by participant and all medications and other substances to which the participant is allergic. Use an additional page if necessary.)

Signature: _____

Medication Required: _____

Special Diet: _____

Allergy or reaction to medication or substance: _____

Date of last Tetanus Booster: _____

Indemnity and Release

In consideration of the benefits to me and the participant and the time and expense to be incurred by the IORG and/or IORG sponsored activity and/or agents of either or both I (A) agree to hold harmless and indemnity as to any claim or cause of action of the participant, participant's parents, guardians, heirs or any of the; and (B) release and agree to release IORG sponsored activity, all agents or 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 the participant, including but not limited to any claim or cause of action for negligence or IORG sponsored activity, agents or either or both and/or owners or operators of such private vehicles or any or all of them.

Date: _____

Signature of Parent/Guardian _____

Date: _____

Signature of Parent/Guardian _____