

MEDICAL RELEASE AND CONSENT FORM FOR GIRLS

JURISDICTION:

ASSEMBLY: _____

I, the undersigned Parent or Legal Guardian of _____ (“Minor”),

whose birth date is _____, _____; do here by give my consent and permission for her to attend the following activities of the Oklahoma Grand Assembly, International Order of the Rainbow for Girls:

- a. Oklahoma Grand Assembly, to be held at The University of Oklahoma, Norman, Oklahoma, on May 24-26, 2025 Grand Officers - May 23-26, 2025
- b. District Exemplifications / Receptions sponsored by the Oklahoma Grand Assembly.
- c. Supreme Assembly
- d. Other: ANY RAINBOW ACTIVITIES _____

In the event of injury or illness to the above named Minor, I, the undersigned Parent or Guardian, hereby authorize any adult Rainbow Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including, but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood transfusions, and medications. I understand that every reasonable effort shall be made to contact me prior to the administration of any medical treatment.

The Minor is subject to, or has had, the following medical conditions, illnesses or diseases:

- | | | | |
|---------------------|--------------------|---------------------|-----------------|
| ___ Measles | ___ Appendicitis | ___ Sinus Headaches | ___ Mumps |
| ___ Mononucleosis | ___ Frequent Colds | ___ Chicken Pox | ___ Asthma |
| ___ Kidney Problems | ___ Pneumonia | ___ Hay Fever | ___ Ear Trouble |

Please list the Minor’s blood type, if known: _____

Does the Minor wear Contact lenses? Yes _____ No _____

Is the Minor allergic to any medications or foods? If so, please list: _____

If the Minor is presently taking any prescribed medications for **ANY REASON**, please list the medication and the prescribed dosage:

The undersigned acknowledges that they are aware and understand that neither the International Order of the Rainbow for Girls, nor the Oklahoma Grand Assembly, maintain any primary medical insurance for its members. I understand that I/we will be responsible for any and all costs of medical treatment incurred by or on behalf of _____, a minor. My family health insurance carrier and policy number(s) is/are as follows:

_____	_____	_____
Insurance Company	Policy Number	Policy Holder’s Name

I, the undersigned Parent or Guardian, **AND** the undersigned Minor do hereby agree that we will abide by the Statutes, Bylaws, rules and regulations of the Supreme Assembly of the International Order of the Rainbow for Girls, and the Oklahoma Grand Assembly. The undersigned Parent or Guardian shall release and hold harmless the Supreme Assembly of The International Order of the Rainbow for Girls, the Oklahoma Grand Assembly, its members, advisors, officers, or sponsoring bodies, from any and all claims, charges, costs, damages or causes of action which the undersigned has or may have arising out of, or in connection with any accident, illness or injury which may occur involving the Minor identified herein as a result of her attendance or participation in any Rainbow sponsored or sanctioned activity or event.

IN THE EVENT OF AN EMERGENCY AND THE UNDERSIGNED PARENT OR GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZE THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

Name: _____ Phone: _____

Address: _____ Relationship: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Your Full Name: _____

Street & Mailing Address, if different: _____

City/State/Zip: _____

Telephone (H) (____) _____ - _____ Telephone (C) (____) _____ - _____

Relationship to Minor: Parent Legal _____ Guardian _____ Other (explain) _____

Signature of Parent or Legal Guardian

Signature of Minor

If there are additional factors affecting the medical health of the Minor named herein, or if there is any religious reason that medical cannot be administered to the Minor, please set forth the reasons below:

MEDICAL RELEASE AND CONSENT FORM FOR ADULTS

JURISDICTION:

ASSEMBLY: _____

I, the undersigned, hereby appoint _____ as agent to authorize, in my behalf, emergency medical/surgical treatment, including hospitalization, in the event I am unable to do so and which, in the opinion of any licensed physician, surgeon or hospital, is reasonably required or necessary for my treatment or care. Any physician, surgeon or hospital is authorized to rely upon any authorization for treatment signed by the above designated agent(s) to the same extent as if executed personally by me.

- a. Oklahoma Grand Assembly, to be held at The University of Oklahoma, Norman, Oklahoma, on May 24-26, 2025. Adult Appointments - May 23-26, 2025
- b. District Exemplifications / Receptions sponsored by the Oklahoma Grand Assembly.
- c. Supreme Assembly,
- d. Other: _____

I am subject to, or has had, the following medical conditions, illnesses or diseases:

- | | | | |
|---------------------|--------------------|---------------------|-----------------|
| ___ Measles | ___ Appendicitis | ___ Sinus Headaches | ___ Mumps |
| ___ Mononucleosis | ___ Frequent Colds | ___ Chicken Pox | ___ Asthma |
| ___ Kidney Problems | ___ Pneumonia | ___ Hay Fever | ___ Ear Trouble |

Please list Blood Type: _____

Does you wear Contact lenses? Yes ___ No ___

Are you allergic to any medications or foods? If so, please list: _____

Are you presently taking any prescribed medications for **ANY REASON**, please list the medication and the prescribed dosage:

The undersigned acknowledges that they are aware and understand that neither the International Order of the Rainbow for Girls, nor the Oklahoma Grand Assembly, maintain any primary medical insurance for its members or adult workers. I understand that I/we will be responsible for any and all costs of medical treatment incurred. My health insurance carrier and policy number(s) is/are as follows:

_____	_____	_____
Insurance Company	Policy Number	Policy Holder's Name

I, the undersigned do hereby agree that we will abide by the Statutes, Bylaws, rules and regulations of the Supreme Assembly of the International Order of the Rainbow for Girls, and the Oklahoma Grand Assembly. The undersigned shall release and hold harmless the Supreme Assembly of The

International Order of the Rainbow for Girls, the Oklahoma Grand Assembly, its members, advisors, officers, or sponsoring bodies, from any and all claims, charges, costs, damages or causes of action which the undersigned has or may have arising out of, or in connection with any accident, illness or injury which may occur as a result of attendance or participation in any Rainbow sponsored or sanctioned activity or event.

IN THE EVENT OF AN EMERGENCY HEREBY AUTHORIZE THE FOLLOWING PERSON TO ACT ON MY BEHALF:

Name: _____ Phone: _____

Address: _____ Relationship: _____

INFORMATION:

Your Full Name: _____

Street & Mailing Address, if different: _____

City/State/Zip: _____

Telephone (H) (____) _____ - _____ Telephone (C) (____) _____ - _____

Signature

If there are additional factors affecting the medical health of the person named herein, or if there is any religious reason that medical cannot be administered to said person, please set forth the reasons below:

