

**International Order Of The Rainbow For Girls in Pennsylvania
Emergency Contact and Medical Information Form**

Girl's Name _____ Birth Date _____

Address _____

Parent/ _____ Home Number: _____
Legal Guardian

Address _____

Cell Number _____ Work Number _____

Parent/ _____ Home Number _____
Legal Guardian

Address _____

Cell Number _____ Work Number _____

Emergency Contact Other Than Parent _____

Phone Number(s) _____

Please list anyone who is **NOT** authorized to pick up your child:

Physician Name _____ Contact Number _____

Health Insurance Provider _____

Policy Number _____

Name of Insured _____

Please complete reverse side

Please check the following boxes and then sign the bottom of this form in order for us to have written consent for medical care.

Yes No Emergency Medical Care

Administration of Prescription Medications

Administration of Non-Prescription Medications

Please list any health concerns or special disabilities of which we should be aware:

Please list any daily prescription medications of which we should be aware:

Please list any allergies (food or other) and the reaction that would occur:

Signature of Parent or Legal Guardian

Date