

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

Girl's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Parent/Legal Guardian #2 \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Emergency Contact Other Than Parent \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

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. This form is completed yearly, it is your responsibility to provide updated information as needed throughout the year. Please note that all medication that your child brings to events will not be collected. They are responsible for their own medications unless otherwise discussed prior to event.**

Yes    No   Emergency Medical Care

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Administration of Prescription Medications- please list all medications prescribed to your child:

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Administration of Non-Prescription Medications- to include pain relief, stomach upset, allergy relief, per directions on medication.

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Please list any health concerns or special disabilities that we would need to be aware of:

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

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\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date