

# CONFIDENTIAL PARTICIPANT AND CAREGIVER INFORMATION

Grand Assembly of Colorado, IORG

*This form incorporates Member Code of Conduct, Consent for Participation, Emergency Contact information, Pick-up Authorization, Media Release, Transportation Release and Member Driver information and Authorization for Medical Treatment and Medical Information*

**THIS FORM MUST BE COMPLETED ANNUALLY  
OR REVIEWED AND UPDATED ANNUALLY (April to April)**

## **Member (or Participant) Information**

Member's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

## **Parents/Legal Guardians Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ (c) (h) (other) Phone #: \_\_\_\_\_ (c) (h) (other)

In an effort to protect the well-being of each member of Colorado Grand Assembly, identified here as "Participant", by way of local assembly, each Assembly will maintain a confidential file of contact information regarding those authorized to transport the Participant to and from Colorado Grand Assembly sponsored functions, including local assembly events, as well as information on those authorized/not authorized to pick up and assume care for the Participant. I understand that the Youth Protection policy is in place to protect my daughter as well as the adult.

## **Members' Code of Conduct**

I have read the Code of Conduct for Members, and I agree to abide by these general guidelines. I understand that if my behavior at any Colorado Grand Assembly sponsored function does not meet these standards, I must leave the activity immediately, regardless of the location of the function or where I live. My Parents/Legal Guardians and I understand that we will be responsible for transportation costs for my return home and that we will not be entitled to any refunds based on prepaid expenses.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Participate**

As the Parents/Legal Guardians of the Member, referred to hereafter as "Participant", permission is granted to participate in all activities as a member of \_\_\_\_\_, located in \_\_\_\_\_, Colorado. This consent acknowledges acceptance of the Code of Conduct for Members, Media Release, Transportation Release within the Assembly's geographic area, and Authorization for Medical Treatment.

Additionally, the Parents/Legal Guardians hereby release Colorado Grand Assembly, the Supreme Officer, all members and volunteers of Colorado Grand Assembly and the International Order of the Rainbow for Girls, all Assemblies of Colorado Grand Assembly, the Masonic Fraternity, and any sponsoring body or affiliates thereof from any and all responsibility, liability or fault which may arise as a result of any exercise of discretion with respect to the provision of travel and/or health care of the Participant which is authorized by this agreement.

Signature of Parents/Legal Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parents/Legal Guardians: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact**

In the event of an emergency, please contact the named adult below (in order) who may assume care upon pick up:

Name	Relationship	Phone # or Text
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

The following are restricted from picking up my daughter from any Rainbow Event.

*Restrictions as to who may pick up a girl from an event should be communicated in writing and signed by caregivers as soon as a girl becomes a member, and should be updated annually, or as custody issues change.*

\_\_\_\_\_  
\_\_\_\_\_

**Assembly Media Release**

- Parents/Legal Guardians consents that photos, images and/or voicing posed for and/or appeared in may be used by the International Order of the Rainbow for Girls (IORG), Colorado Grand Assembly, or its assignees, successors, representatives, or designees in whatever way the desire, including print and electronic media. Furthermore, it is acknowledged that such photographs, films, recordings, plates, and tapes are property of IORG and/or Colorado Grand Assembly, and it shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, plates, and tapes as it may desire, free and clear of any claim whatsoever on my part.
- Parents/Legal Guardians does NOT consent for any media of the Participant to be used in any publication.

Member Name: \_\_\_\_\_  
Confidential Participant & Caregiver Information

Transportation Release

The Parents/Legal Guardians of the Participant agree to and understands the following:  
It is expected that Rainbow members will ride with Authorized Rainbow Chaperones for all events. Exceptions can be made on an as needed basis with prior permission from the authorized Rainbow Chaperone if adult drivers are not available. *All passengers must be in a seat belt at all times when riding in a vehicle!*

The driver of any vehicle in which the Participant will travel will be an adult, unless noted below, and those providing transportation carry at least the minimum amount of liability insurance mandated by Colorado law, observe all state and federal laws pertaining to operating a motor vehicle, and possess a current, valid driver's license.

I understand that Colorado I.O.R.G. operates within a Youth Protection policy and that Colorado I.O.R.G. takes the issue of child safety very seriously. I further understand that the current Youth Protection Policy requires the consent of the parent or legal guardian of a child, to travel with an adult/adults to and from I.O.R.G. activities when the parent or legal guardian is not present.

I understand that the Youth Protection policy is in place to protect my daughter as well as the adult. I give my permission and consent for the following, either individually, or with others listed, to transport my daughter to/from an authorized I.O.R.G. event, understanding it may conflict with the Colorado Code of Conduct. This consent will remain in full force and effect until rescinded by me (*Print Name of Adult or Adults authorized*):

Names of Authorized Adults (Other than parent/guardian)	Telephone Number(s):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My daughter as a driver:

*All drivers must follow the Colorado IORG Travel Guidelines and have a copy of their Driver License and Insurance information on file with the Mother Advisor.*

- My daughter has my permission to drive herself or herself and a sibling only.
- My daughter has my permission to give rides to other Rainbow girls with a copy of a signed permission letter from their parent in her car at any time they she transports them.
- My daughter may have the following number of passengers in her car at any time: 1 2 3 4 5, abiding by the rule above for signed permission. (*All passengers must have and use an individual seat belt.*)
- Other Comments/Restrictions:

\_\_\_\_\_

**Driver Information:**

Name as it appears on License:

\_\_\_\_\_

State of Issuance: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Expires on: \_\_\_\_\_

**Vehicle Insurance Information:**

Vehicle Insurance Carrier Name:

\_\_\_\_\_

Vehicle Insurance Policy #: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Insured Vehicle(s):

Vehicle Make	Model/Model Year	License Plate/State	Vehicle's Owner

**Authorization for Medical Care**

The Parents/Legal Guardians of the Participant authorizes Grand Assembly of Colorado and an agent for the undersigned to act in the interest of the girl identified above, in the event she may require immediate medical treatment and to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Additionally, the Parents/Legal Guardians identified agree to be fully and solely responsible for payment or reimbursement of any medical charges or expenses incurred on behalf of the Participant and further agree to indemnify and hold harmless those released herein from any claim, demand or action which may be initiated, by any 3rd party, individual, organization or entity, against aforementioned parties for the recovery of such medical expenses, including any legal fees or expenses incurred in defending against such claims.

Member Name: \_\_\_\_\_

Confidential Participant & Caregiver Information

**Participant Medical Information:**

*(Check all that apply; if box checked, please explain)*

Participant has the following known allergies:

- Drug/Medication:
- Food:
- Insect Stings:
- Hay Fever:
- Other: \_\_\_\_\_

Participant has the following chronic/recurring illnesses:

- Asthma:
- Diabetes:
- Seizures/Epilepsy:
- Heart Condition:
- Ear Infections:
- List any other current/recurring illnesses:  
\_\_\_\_\_

Date of Last:

- Tetanus toxoid immunization: \_\_\_\_\_
- Health Exam: \_\_\_\_\_
- Any physical limitations: \_\_\_\_\_

**Medications:**

All medications must be turned in to the adults in charge. The adults in charge have my permission to dispense:

- My daughter's medication  
Name of medication, dosage and schedule: \_\_\_\_\_

- My Daughter has my permission to carry the following: \_\_\_None\_\_\_ Epi-Pen \_\_\_ Inhaler  
Other (please list) \_\_\_\_\_

Participant has Parents/Legal Guardians consent to be administered appropriate amounts non-prescription medications, such as (Tylenol or ibuprofen), please list medications that may be administered: \_\_\_\_\_

- Parent/Guardian requests that he/she shall be notified prior to administering any non-prescription medications identified above.

**Participant Medical Insurance Information**

Participant has active medical insurance coverage with the following medical insurance carrier:

Carrier Name \_\_\_\_\_ Carrier Telephone Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Group ID: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Reviewed and updated:** *(Review and update annually in April or complete a new form)*

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

An electronic copy or a photocopy of this release shall have the same effectiveness as the original.