



International Order of the Rainbow for Girls California Jurisdiction Youth Protection Policy

CONSENT FOR TERM ACTIVITIES

Term Dates: From _____ To _____

Youth Name: _____ Age: _____

Parents / Legal Guardians: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency, notify: _____ Phone: _____

Comments, special instructions/additional information-please write here or on the reverse side of this page

I give permission for my daughter to participate in these events

I give permission for my daughter to participate in these events, **EXCEPT:** _____

I **do not** give permission for my daughter to participate in these events

I agree that while every effort will be made to remain compliant with chaperone rules, there may be occasions when use of related chaperones or smaller ratio of chaperones is unavoidable. In that case, as a parent/guardian, I will be advised.

Authorized Signature:

Parent or Legal Guardian

Date

*Each Grand Jurisdiction is responsible for developing and distributing written policies for those attending events to follow regarding safety, acceptable behavior, and travel in and around the area of the event. Girls should never travel alone and should always be accompanied by an adult any time they leave the immediate area of the event. **An Emergency Information and Medical Authorization form should accompany this consent form for each event.***

Please attach copy of **Advisory Board Approved Term Calendar / Events** at the beginning of each term.