Dive into Leadership
Health Form 2026

Participants Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Age: _____

Assembly Name & Number: _____

Parent or Legal Guardian: _____

Parent or Guardian Phone Number: _____

Emergency Contact Name and Phone Number:

_____

*All participants must have an up-to-date tetanus booster.

Year tetanus booster last received: _____

Please check if participant has had any of the following problems: (Explain)

Headaches_____ Kidney disease: _____

Frequent Sore Throat _____ Convulsions _____

Asthma _____ Fainting Spells _____

Menstrual _____ Heart Murmur _____

Allergies _____

Other Comments: _____

Are immunizations current? _____

Is participant allergic to any type of medication? _____

If so, please specify? _____

Is participant currently taking any type of medication? _____

If so, please specify? _____

Do you give permission to the Adult Leaders to give Tylenol or other minor medication, or first aid as may seem necessary? _____

****ALL MEDICATION MUST BE IN ORIGNIAL CONTAINERS, SHOULD BE TURNED IN TO AN ADULT IMMEDIATELY UPON ARRIVAL AT THE CAMP, AND WILL BE DISPENSED BY AN ADULT.**

****ALSO, ANY GIRL WHO IS 18 YEARS OR OLDER MUST HAVE A FORM FILLED OUT & HAVE THEIR PHOTO ID & INSURANCE CARD WITH THEM AT CAMP. ****

INSRUANCE INFORMATION *Please provide copy of Insurance Card

Member (Insured's) Name: _____

Member Number: _____

Group Number: _____

Insurance Provider Name, Address, and Phone Number:

_____

Participants Date of Birth: _____

Co-Payment and other information

_____

I give my permission to photograph my child participating in Camp activities for promotional purposes including photo displays, brochures, or web pages produced by the International Order of the Rainbow for Girls in TN. At no time will a child be identified by name, address, or other identifying information.

I understand that all reasonable safety precautions will be always taken by the Adult Rainbow Leaders and Camp Staff. I release the Grand Assembly of Tennessee I.O.R.G, Mont Milner Rainbow Camp, Adult Leaders, and Camp Staff from liability for damages, losses, disease or injuries incurred by my child.

I hereby give the Mont Milner Camp/Rainbow Retreat Staff permission to use the health information provided for emergency purposes, and in the event, I cannot be reached in an emergency, I give permission to

the Physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, approve X-Rays, or to order routine tests, injection or surgery for my child.

Parent's/ Guardians Signature: _____

***DO NOT SIGN UNTIL YOU ARE WITH THE NOTARY.**
Parent's signature must be notarized below.

STATE OF TENNESSEE County of _____

Personally appeared before me, the undersigned, a notary public in and for said county and state, _____, with whom I am personally acquainted and who each acknowledge that they executed the within instrument for the purposes therein contained.

Witness my hand and official seal at the office on the _____ Day of _____, 2026.

_____ Notary Public

My commission expires: _____