

Medical Emergency Info.

Bethany United Methodist Church
 6388 Cincinnati-Dayton Rd.
 Middletown, OH 45044 (513) 777-4448

Effective September 1, 2009 – August 31, 2010

Name of Participant:	Mother's Name: _____ Father's Name: _____
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SSN:	Date of Birth:	Age:
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Home Address	Street: _____		
	City:	State:	Zip:

Home Phone # ()	Dad's Work # ()	Mom's Work # ()	Cell Phone/Pager/Other
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Parent E-Mail: _____ Check here if you do **not** want to receive general info. via e-mail.

If unable to contact parents, please contact:

Name: _____	Relationship: _____	Phone: () _____
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Name: _____	Relationship: _____	Phone: () _____
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The above named participant is allergic to:

Medications taken regularly, including dosages:

Facts concerning medical history to which physician should be alerted:

Physician's name: _____ Phone: () _____

Dentist's name: _____ Phone: () _____

Medical/Hospital Insurance Co: _____ Policy#: _____

In the event of illness, accident, injury or medical concern for the above named participant, I authorize an adult in whose care the participant has been entrusted, to transport, or secure transportation, required to obtain treatment. I further authorize that adult to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and outpatient facility or hospital care, to be rendered to the participant under the general or special supervision and on the advice of any physician or dentist on the medical staff of a duly licensed outpatient medical facility or hospital. I agree to assume responsibility for all costs incurred in securing and providing this treatment. I acknowledge by my signature a complete understanding of the liability release and medical consent stated in this legal document.

The undersigned does hereby release from any liability the Bethany United Methodist Church, its officers, its staff, and its volunteer workers, in the event of any accident, injury, harm or loss suffered by the above named participant while on the grounds or in the buildings of the Bethany United Methodist Church, or while traveling to, or returning from, off-site events, or while participating in off-site events.

Parent/Legal Guardian Signature: _____ Date: _____

The original copy of this form shall remain at Bethany United Methodist Church. A copy of this form will be taken to all off-site Bethany United Methodist Church sponsored events.