

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:	
SSN:		Date of Birth:		Age:
Home Address	Street: -----			
	City:	State:	Zip:	
Home Phone # () ()	Dad's Work # () ()	Mom's Work # () ()	Cell Phone/Pager/Other	
Parent E-Mail:		<input type="checkbox"/> 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: () ()		
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Dentist's name:		Phone: () ()		
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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.

Medicine Dispense Permission Form

Effective September 1, 2009 – August 31, 2010

_____ I, parent/legal guardian of _____, **DO** give the adult volunteer or staff workers of Bethany United Methodist Church permission to administer the following over-the-counter medications as directed below, if the need should arise, while my minor is participating in a Bethany United Methodist Church sponsored event.

_____ I, parent/legal guardian of _____, **DO NOT** give the adult volunteer or staff workers of Bethany United Methodist Church permission to administer the following over-the-counter medications as directed below, if the need should arise, while my minor is participating in a Bethany United Methodist Church sponsored event.

<u>Medication</u>	<u>Strength</u>	<u>Dosage</u>	<u>Timing</u>
Tylenol (Regular Strength)	325 mg.	_____ tabs.	As directed or _____
Tylenol (Extra Strength)	500 mg.	_____ tabs.	As directed or _____
Ibuprofen (Motrin/Advil)	200 mg.	_____ tabs.	As directed or _____
Benadryl	25 mg.	_____ tabs.	As directed or _____
Mylanta			As directed or _____
Sudafed	10mg.	_____ tabs.	As directed or _____

Parent/Legal Guardian Signature: _____ Date: _____