

# Bethany Christian Schools

## Permission for Treatment, Dispensing Medications, and Travel

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime number for parent/guardian \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Emergency phone \_\_\_\_\_  
*(Other than parent/guardian)*

Doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_ Allergies \_\_\_\_\_

Unusual medical problems, if any \_\_\_\_\_

Medicines being taken by student \_\_\_\_\_

I \_\_\_\_\_ bearing the relationship of \_\_\_\_\_ and  
*Parent or guardian relationship*

having legal custody of \_\_\_\_\_ give the following permissions:  
*Student's name*

**Permission for Medical Treatment:** I authorize Bethany personnel to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the student at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I understand this is to be used if I cannot be reached so that emergency treatment can be initiated without delay. By this authorization, I indemnify, release, and hold the school harmless from any and all liability in providing care and treatment to my child.

**Permission to Dispense Non-Prescription Medications:** I authorize Bethany personnel to dispense the following medications, not to exceed recommended dosage, to this student upon the student's request and without an attempt to contact me. *Check medications authorized and cross out medications not authorized.*

Please  
complete

\_\_\_\_ Acetaminophen (Tylenol, generic equivalent)    \_\_\_\_ Cough drops or throat lozenges  
\_\_\_\_ Ibuprofen (Advil, Motrin, generic equivalent)    \_\_\_\_ Antacid tablets (Tums, generic equivalent)



**It is illegal for students to keep *any* medication, prescription or non-prescription, with them or in their locker.** School policy regarding medications are further outlined in the student handbook.

**Permission for Travel:** I consent for the student to travel on school-sponsored trips, including those that involve overnight stays, and hereby voluntarily waive any claim against Bethany Christian Schools, its board of directors and agents/employees for any and all causes which may arise in connection with such trips.

This consent will be valid for the duration of the student's enrollment at Bethany Christian Schools.

**Must be signed in the presence of a Notary.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ appeared before me,

\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_ who is personally known to me,

\_\_\_\_ whose identity I verified on the oath/affirmation of \_\_\_\_\_, a credible witness,

to be the signer of the foregoing document, and he/she acknowledge that he/she signed it.

\_\_\_\_\_  
*Notary Public*

My commission expires: \_\_\_\_\_



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**Parents, pay particular attention to the  
Permission to Dispense Non-Prescription Medications  
section of this document.**

Make sure to check all medications that you authorize us to give to your child **AND** cross out any medications you do not authorize us to give your child. Also, note any allergies your child may have to these medications.

If this part of the form is not filled out, then we will **NOT** give your child any non-prescription medications.

**It is illegal for students to keep any medication, prescription or non-prescription, with them or in their locker.** If your child regularly uses any non-prescription medication, send the medication to the school office in its original container. Likewise, if your child needs to take a prescription medication, send that medication to the school office in its original container. All medications will be kept and distributed through the school office.

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***Please note*** — *This form must be brought in to the Bethany office and signed in the presence of a notary public.*