



# LWML Ohio District 2024 Convention MEDICAL NOTIFICATION FORM

June 21-22, 2024 – Holiday Inn Canton  
4520 Everhard Road NW, Canton, Ohio 44718

## PERSONAL INFORMATION

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Name

Date of Birth

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Address

City/State/Zip

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Phone Number

## EMERGENCY NOTIFICATION

Please list two persons with different addresses and phone numbers who are *not* at the LWML Convention and who are able to provide your medical information to a healthcare professional in the event of a medical emergency.

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Name

Phone Number (Work / Cell Phone)

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Address

Relationship

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Name

Phone Number (Work / Cell Phone)

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Address

Relationship

In the event of a medical emergency, I request that the organizers of the Lutheran Women's Missionary League contact the above-noted persons immediately. The above-noted people know of and are aware of any medical conditions I have as well as medications I currently take. These same persons have my permission to provide this information to medical professionals in the event of a medical emergency.

Your Signature/Date \_\_\_\_\_

Please return this FORM along with the REGISTRATION FORM to:

**Beth Dinehart LWML Ohio District Convention**  
**911 E Crain Avenue, Kent, Ohio 44240**  
**330-221-9194 or badinehart@gmail.com**

Forms will be shredded at the conclusion of the event.