



Medical/Hold Harmless Form

Student's Name _____
 Grade this school year _____ Date of Birth _____ Age _____ M / F _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone/Pager # _____
 Email Address _____
 Parent's Name _____
 Employer _____ Work Phone _____
 Parent's Name _____
 Employer _____ Work Phone _____
 Emergency Contact: _____ Phone _____

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me (us). However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia or emergency surgery, for my child's well-being.

Signed: _____ Date _____
parent or guardian

Please list any allergies, medications being taken, medical conditions, or other information:

Date of last tetanus shot _____
 Name of Insurance Company _____
 May we give your child Tylenol or Benedryl as needed? _____

The undersigned _____ and _____
 (the parents), the parents of _____
 (the youth), acknowledge the youth will be participating in a Youth Ministry activity
 (any activity for infants thru grade 12) sponsored by Jubilee Community Church, (the "church"),
 located at 11285 Springboro Pike, Miamisburg 45342. The Parents, on the behalf of themselves and
 the Student, (1) release the Church from all actions, claims and demands against the Church by reason
 of their Youth's participation in the Youth activities, and (2) agree that they shall indemnify and hold
 harmless the Church against any and all losses, claims or damages of the Parents or Youth arising out
 of or resulting from a Youth activity.

Signed: _____ Date: _____
 parent or guardian