



# PARKHILLS STUDENT MINISTRY

17747 SAN PEDRO AVENUE ♦ SAN ANTONIO, TX 78232  
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## ANNUAL MEDICAL RELEASE / PERMISSION

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad Work Phone \_\_\_\_\_ Mom Work Phone \_\_\_\_\_

Cell Phones: \_\_\_\_\_ Dad \_\_\_\_\_ Mom \_\_\_\_\_ Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List known food/drug allergies & medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

List medications taken regularly \_\_\_\_\_

\_\_\_\_\_

Any other special instructions regarding my teenager \_\_\_\_\_

\_\_\_\_\_

SWIMMING: My teenager is a (check one) non-swimmer \_\_\_\_\_ fair swimmer \_\_\_\_\_ good swimmer \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION:

I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, and camps of Parkhills Baptist Church – San Antonio, Texas. I also give my permission for my teenager to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives/sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his/her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I have supplied, understood, and agree to all the information contained on this Medical Release/Permission Card.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THIS MEDICAL RELEASE/PERMISSION IS VALID FOR ONE CALENDAR YEAR FROM THE DATE OF SIGNATURE.