



PARKHILLS STUDENT MINISTRY

17747 SAN PEDRO AVENUE // SAN ANTONIO, TX 78232

PHONE 210-494-5219 // FAX 210-494-0392

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 _____

Dad's Cell _____ Mom's Cell _____ 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.