



FIRST PRESBYTERIAN CHURCH CHILDREN'S MINISTRY

404 NORTH ALAMO, SAN ANTONIO, TEXAS 78205 | 210.226.0215 | FAX 210.299.1986

MEDICAL RELEASE FORM
Effective August 1, 2019 through September 1, 2020

Child's Full Name _____ Gender _____

Address _____ Zip code _____

Home Phone _____ Date of Birth _____ Grade/Age _____ School _____

Parent/Legal Guardian's Full Name _____

Parent E-Mail _____

Work Phone # _____ Cell Phone # _____

Parent/Legal Guardian's Full Name _____

Work Phone # _____ Cell Phone # _____

Other Emergency Contact _____

Relationship to Child _____ Phone # _____

Please list any known allergies _____

Please list any dietary restrictions _____

Please list any other medical concerns _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Presbyterian Church, San Antonio, Texas (hereinafter "FPC") and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by FPC. I/We understand that my/our signature below carries with it the following:

(Please initial) I/We give permission for any videos or photographs taken of the above named child to be used on the FPC web site or in any FPC publication. No names will be used.

Printed name of Parent/Legal Guardian

Signature

Date