



# MEDICAL RELEASE FORM

Effective September 1, 2022 through December 31, 2023

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 \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

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