FIRST PRESBYTERIAN CHURCH CHILDREN'S MINISTRY
404 NORTH ALAMO, SAN ANTONIO, TEXAS 78205 | 210.226.0215 | FAX 210.299.1986

MEDICAL RELEASE FORM

Effective January 1, 2026 through December 31, 2026

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 _____

_____

Does your child use an Epi-Pen _____?

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:

I do_____
I do not_____ give my permission for my child to be photographed/videotaped by the FPC Children's Ministry Program. The pictures/videos will be taken by staff for educational and advertisement purposes (including social media, FPC website and print publications). Pictures/videos will not be utilized for commercial transactions and no names will be printed. This is in effect until such time as the parent/guardian opts out in written form.

_____ _____ _____

Printed name of Parent/Legal Guardian **Signature** **Date**