

# HEALTH RELEASE FORM 2024

STUDENT NAME: \_\_\_\_\_ STUDENT CELL: \_\_\_\_\_

STUDENT DOB: \_\_\_\_\_ CURRENT GRADE (2022-2023): \_\_\_\_\_ GENDER: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_

ADDRESS (Street, City, State, Zip) \_\_\_\_\_

2<sup>ND</sup> PARENT NAME: \_\_\_\_\_ 2<sup>ND</sup> PARENT CELL: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

*In case of emergency, we will always try to contact parents first. Please provide an alternate emergency contact in the event we cannot reach you.*

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAIN CONTACT NUMBER: \_\_\_\_\_ OTHER PHONE NUMBER: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

*Please list all medical/environmental allergies, medications being taken, medical problems or other pertinent information.*

\_\_\_\_\_  
\_\_\_\_\_

Please answer YES or NO to the following:

CHICKEN POX \_\_\_\_\_ APPENDIX REMOVED \_\_\_\_\_

FAINTING SPELLS \_\_\_\_\_ ASTHMA \_\_\_\_\_

DIABETS \_\_\_\_\_ HEART TROUBLE \_\_\_\_\_

CONVULSIONS \_\_\_\_\_ INSECT BITE ALLERGY \_\_\_\_\_

If so, what insect \_\_\_\_\_

Please list any food allergies: \_\_\_\_\_

\_\_\_\_\_

Please List any special conditions, restrictions, etc. that you would like us to be aware of:

\_\_\_\_\_

\_\_\_\_\_

## INSURANCE INFORMATION:

INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ CARDHOLDER DOB: \_\_\_\_\_

I grant permission for any other adult, affiliated with First Baptist Church of Amarillo (over the age of 21), to seek necessary medical attention on my behalf. This permission is effective for one year from January 1, 2024 - December 31, 2024. I hereby release and forever discharge all other adults, affiliated with FBC Amarillo and of First Baptist Church, Amarillo, from all claims, demands, actions, or causes of action, past, present or future, arising out of any damage or injury while participating with FBC Amarillo. I give permission to publish pictures of my child in the Reporter or with the local media.

I give permission for my child to participate in field trips after being notified of the specific event.

Parent Signature: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Additional Email: \_\_\_\_\_ Date: \_\_\_\_\_