



Pflugerville Community Church
1214 E. Pfennig Lane
Pflugerville, TX 78660

Health/Medical Release Form

Student Information:

Name of Student _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Gender _____ Age _____

Social Security Number _____

Emergency Contact Person:

Parent/Guardian Name _____

_____ Address (if different from Student) City State Zip

Cell Number (_____) _____ Work(_____) _____

Other (_____) _____

Alternate Contact Person: (Relative/close friend to the primary contact)

Name _____ Contact#_(_____) _____

Health History:

Pre-Existing or Present Medical Conditions we should be aware of:

Name of Doctor _____ Phone number _____

Insurance Provider: _____ Policy Number: _____

Name of Policy Holder: _____

Name and Dosage of Any Medications

Allergies? _____ Allergy to Medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Sting

_____ Epilepsy/Nervous Disorders _____ Asthma _____ Stomach Upsets _____ Physical limitations

If any of the above are checked, please give details: _____

Dietary Restrictions: _____

_____ Date of Last Tetanus Shot _____ Contact Lenses?

Any Swimming Restrictions? _____

Any Activity Restrictions? _____ Explain _____

In the event the parent, guardian or legal representative cannot be reached in case of an emergency,
I give the pastor(s) or adult representative permission see _____

receives any medical care deemed necessary. (Student name)

(Parent, Guardian, or Legal Representative-Circle One)

The undersigned parent or guardian consents to the participation of his or her above named teen or ward, and releases, discharges, waives any and all claims, actions, demands or rights arising or resulting from, or in connection with, the participation in the program. This release, discharge, and waiver shall include any injury sustained by the above named teen while or during activities arranged by or through the PFLUGERVILLE COMMUNITY CHURCH, 1214 PFENNIG LANE, PFLUGERVILLE, TX 78660 and, in addition, while traveling to or from such activities. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs. I relieve from any responsibilities the pastors and elders of the PFLUGERVILLE COMMUNITY CHURCH as well as said church.

(Parent, Guardian, or Legal Representative-Circle One)

Date