



COKER YOUTH

COKER YOUTH ANNUAL RELEASE FORM

231 E. NORTH LOOP | SAN ANTONIO, TX 78216 | 210.494.3455 | COKER.ORG/YOUTH

Effective 2020-2021

Coker Youth's Full Name _____ Gender _____

Youth Goes By _____ Baptized? _____ Age _____

Address _____ Zip Code _____

Youth's Cell Phone _____ DOB _____ Grade _____ School _____

Parent/Legal Guardian's Full Name _____

Parent E-Mail _____

Parent Cell Phone _____ Parent Work Phone _____

Parent/Legal Guardian's Full Name _____

Parent E-Mail _____

Parent Cell Phone _____ Parent Work Phone _____

Other Emergency Contact _____

Relationship to Youth _____ Phone No. _____

Is there a legal custody issue we should be aware of? _____ YES _____ NO

If yes, details: _____

Please check one: Member _____ Visitor _____

Medical Insurance Provider _____

Name of Insured _____

Policy No. _____ Group No. _____

RX ID No. _____ RX Group No. _____

MEDICAL HISTORY:

Please list and explain any health issues or chronic medical conditions (if necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your student is subject and of which the staff should be aware of, and what, if any action of protection is required on account thereof.) _____

Please list and explain any major illnesses the youth experienced during the past year: _____

Please list any medications taken regularly: _____

Please list any known allergies: _____

Please list any dietary restrictions: _____

Should this youth's activities be restricted for any reason? Please explain: _____

Date of last Tetanus shot: _____

Youth's Physician: _____ Phone No. _____

Youth's Dentist: _____ Phone No. _____

