



COKER KIDS ANNUAL RELEASE FORM

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

Effective for 2021-2022

Coker Kids' Full Name _____ Gender _____
Goes By _____ Baptized? _____ Age _____
Address _____ Zip Code _____
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 Coker Kid _____ 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 child 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 this child has experienced during the past year: _____

Please list any medications taken regularly: _____

Please list any known allergies: _____

Please list any dietary restrictions: _____

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

Date of last Tetanus shot: _____

Child's Physician: _____ Phone No. _____

Child's Dentist: _____ Phone No. _____

