



# COKER YOUTH

## COKER YOUTH ANNUAL RELEASE FORM

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

Effective 2021-2022

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. \_\_\_\_\_

