

# THE TABERNACLE TABKIDS STUDENT INFORMATION FORM

PLEASE PRINT CLEARLY IN EACH BLANK



TODAY'S DATE: \_\_\_\_\_

NEW

UPDATE

SCHOOL DISTRICT YOU ATTEND OR LIVE CLOSEST TO: \_\_\_\_\_

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

GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

GENDER: \_\_\_\_\_

MALE

FEMALE

## HEALTH INFORMATION

PLEASE LIST ANY CURRENT HEALTH CONDITION AND EXPLAIN:

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PARENT'S (OR LEGAL GUARDIAN)

NAME(S): \_\_\_\_\_

PHONE(S): \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

## THE TABERNACLE TABKIDS MEDICAL RELEASE AND PERMISSION FORM

As a parent or guardian of the minor(s) named on this form, I hereby authorize and give legal permission for my child to participate in activities being conducted by The Tabernacle or its staff.

I hereby release, waive, and hold harmless The Tabernacle and all other persons and entities associated with The Tabernacle from all injury, illness, loss and/or damage to my family and myself. In the event of injury or illness, I will be completely responsible for any and all treatment costs.

I, as the Parent/Guardian, agree to assume complete responsibility for any injury, accident, or illness which may occur during or arising from my and my family's participation in Tabernacle events.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the The Tabernacle staff, ministry leaders, volunteers or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment in the event that such treatment is deemed necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve The Tabernacle, and/or church personnel from liability in acting on my behalf.

I hereby release The Tabernacle to use photos of my child in promotional material.

I hereby give permission for my child to be transported by a licensed adult volunteer to events associated with The Tabernacle.

I give permission for The Tabernacle staff to counsel, in an appropriate setting and/or as necessary, without a license.

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE:

IN CASE I CANNOT BE REACHED, PLEASE NOTIFY: \_\_\_\_\_

NAME / PHONE

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER:  MALE  FEMALE

**HEALTH INFORMATION**  
PLEASE LIST ANY CURRENT HEALTH CONDITION AND EXPLAIN:  
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MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER:  MALE  FEMALE

**HEALTH INFORMATION**  
PLEASE LIST ANY CURRENT HEALTH CONDITION AND EXPLAIN:  
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MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER:  MALE  FEMALE

**HEALTH INFORMATION**  
PLEASE LIST ANY CURRENT HEALTH CONDITION AND EXPLAIN:  
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MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER:  MALE  FEMALE

**HEALTH INFORMATION**  
PLEASE LIST ANY CURRENT HEALTH CONDITION AND EXPLAIN:  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_