



Student Medical Information and Release

This medical form **MUST** be signed by a parent or guardian before your registration will be accepted.

In the event of emergency illness or accident, this form authorizes the administration of medical or surgical treatment deemed necessary by a licensed M.D. for the individual named. Should religious or other considerations prevent such permission, the individual must present, in lieu of this form, a statement absolving The Pearl South Padre Island, Jostens or The South Padre Island Yearbook Workshop of any medical liability. Information contained herein will remain confidential. Please print.

Student Name _____

Parent/ Guardian Name _____

Business / Daytime Phone _____

Home Phone _____

Address _____

City, State, ZIP _____

Please list any pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy, etc.: _____

Please list the date of last tetanus shot: _____

Please include any additional information which you feel may be pertinent to the student's safety while he or she attends Jostens South Padre Island Summer Yearbook Workshop on a separate piece of paper, attach it to this medical release, and check here:

additional information included.



Signature of Parent or Guardian

Date

Your registration is not complete until we have this release. Mail the release and your payment (if sending a Purchase Order or check) to:

SPI Summer Workshop • 2935 Thousand Oaks, Suite 6 • PMB 227 • San Antonio, TX, 78247