



Texas Christian School/Texas Christian High School Grade _____
17810 Kieth Harrow, Houston, TX 77084 281-550-6060 281-550-2400 FAX

Herc Palmquist
President

Beckie Soliz
Executive Director

Fully Accredited
www.TexasChristianSchool.org

Medical Release 2026 - 2027 School Year

This is a very important document required for every student. Please inform the school of any changes immediately.

I give my permission for _____ to be taken to the nearest doctor or hospital
(First) (Last)
and receive medical treatment in case of an emergency. I agree to be financially responsible for such treatment.

Birthday _____ Home phone (____) _____

Father's/Stepfather's/Guardian's Name _____ Cell # (____) _____

Place of employment _____ Telephone (____) _____

Mother's/Stepmother's/Guardian's Name _____ Cell # (____) _____

Place of employment _____ Telephone (____) _____

Doctor's name _____ Telephone (____) _____

Personal Health Insurance: Company _____ Policy Number _____

I hereby release Texas Christian School from any and all liability for medical or accident expenses.

Names of friends or relatives authorized to pick up your child from school in case of an accident, emergency, illness, etc.:

Name _____ Relationship _____ Telephone (____) _____

Cell # (____) _____

Name _____ Relationship _____ Telephone (____) _____

Cell # (____) _____

Name _____ Relationship _____ Telephone (____) _____

Cell # (____) _____

Day Care / Babysitter Name _____ Telephone (____) _____

Current medical history and treatment, including daily medications: _____

Allergies to medications: _____

Other Allergies to foods, dyes, etc.: _____

Authorization for Dispensing Medicine

☐ **I give my permission** ☐ **I do not give my permission** for Texas Christian School to give my child Tums, Acetaminophen, and cough drops whenever needed and do not hold Texas Christian School, the Corporation or individual responsible or liable in administering this medicine. Listed below are medications my child cannot be given at any time.

☐ **I give my permission** ☐ **I do not give my permission** for Texas Christian School to dispense medication from the physician according to the directions on the prescription bottle and do not hold Texas Christian School, the Corporation or individual responsible or liable in doing so.

Father's/Guardian's Signature Date: _____

Mother's/Guardian's Signature Date: _____