

**THE EDGE CHURCH**

**Medical/Permission, Consent and Release Form**

**This Form Is Valid for All Church-Sponsored Youth & Child Activities including Riding the Bus**

**Church Address: 4115 Price Rd. Gainesville, GA 30506**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
In Case of an Emergency Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Past Medical History: (Circle giving appropriate information) Asthma Sinusitis Bronchitis  
Kidney Trouble Heart Trouble Diabetes Dizziness Hay Fever Stomach Upset Other  
Allergies: Food(s): \_\_\_\_\_ Penicillin or Other Drug(s) (Name): \_\_\_\_\_  
Insect Stings/Bites: \_\_\_\_\_ Poison Sumac, Ivy, or Oak: \_\_\_\_\_  
Previous Operations or Serious Illness: \_\_\_\_\_  
Any Current Medication(s) List(only needed for overnight trips such as retreat/camp): \_\_\_\_\_

Special Diet (Name): \_\_\_\_\_  
Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other

Permission for Treatment: My permission is granted for The Edge Church, Pastor, Minister of Music, Youth, and other staff personnel or other adult(s) in charge to obtain necessary medical attention in case of sickness or injury to my child.

Any other important information you wish to let us know?

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**BUS ROUTE INFORMATION:**

Please provide the exact address that your child will be picked up and dropped off via the Church Bus. A parent must speak to a Pastor/Bus Driver directly if this address changes BEFORE the bus runs.

**PICK UP/DROP OFF ADDRESS:**

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I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors, staff, and The Edge Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage, injury, or illness (including COVID-19) while participating in a church-sponsored youth/child activity.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the state of Georgia County of \_\_\_\_\_.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_