

Name \_\_\_\_\_ Age \_\_\_\_\_

**Medical Information (print clearly)**

**List allergies to food, medicine, insects, animals, etc.**

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**My child is on the following medications---Dose/Time taken.**

**List and explain any medical conditions you think we should be aware of. i.e. diabetes, asthma, seizures, etc.**

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**Insurance Carrier** \_\_\_\_\_

**Policy holder** \_\_\_\_\_

**Policy #** \_\_\_\_\_

**Child's doctor** \_\_\_\_\_

**Doctor's phone #** \_\_\_\_\_

**In case of emergency please notify (only if information is different than what is on the opposite side of this form)**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Cell #** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Parent/Guardian's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

1. Occasionally during an EDGE night the youth are offered candy, sweets and/or food (i.e. pizza, ice cream). If it is your desire that your child not participate in this offering, please indicate by checking no. \_\_\_\_\_ **NO**
2. On occasion your child may be photographed or videotaped for an EDGE related event and even used in our website or newsletter. You have the right to object to the publication of said pictures of your child. If you do not wish for your child to be videotaped or photographed Please check no. \_\_\_\_\_ **NO**