



State College Presbyterian Church LOGOS Health/Release Form 2019 -2020

		<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Allergies/Medications/ Medical Information</u>
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>				
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>				
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>				
Geckos <input type="checkbox"/>	Chrysalis <input type="checkbox"/>				

Parents/Guardians: _____

(H) Phone: _____ Email: _____

Mother (W) Phone: _____ Mother (Cell) Phone: _____

Father (W) Phone: _____ Father (Cell) Phone: _____

_____ Medical Insurance Policyholder Insurance Company Name

_____ Policy Number Physician Name Physician Phone

Emergency Contact (other than parent/guardian):
Name: _____ Phone: _____

Permitted to pick up child? Yes _____ No _____

May we treat your child with Tylenol? Yes _____ No _____

_____ I (we) as parent(s) of the listed participant(s) give permission for our child(ren) to participate fully in the (initial) LOGOS Program of the State College Presbyterian Church, subject to any limitations listed. I (we) understand that this may mean occasional trips off church property (i.e. Central Parklet).

Limitations: _____

_____ I give permission for my child(ren) to be photographed. (These photos are used for church use only and (initial) may be put on the church web-site).

_____ I give permission for my child(ren) —*Chrysalis youth only*— to be transported by LOGOS leaders in their (initial) personal vehicles. Use of seat belts will be required.

SIGNATURE REQUIRED ON OTHER SIDE

I (we) are the parent(s) or legal guardian(s) of the listed participant(s). In case of an emergency, I (we) understand that reasonable efforts will be made to contact me (us). In the event that I (we) cannot be reached, I (we) give my (our) permission to take my (our) child(ren) to a doctor or hospital and authorize a licensed healthcare practitioner to provide medical treatment, including hospitalization, anesthesia, surgery or injections of medication for my (our) child(ren).

(The signature of one parent is required)

Mother (Guardian) signature and date

Father (Guardian) signature and date