



State College Presbyterian Church LOGOS Health/Release Form 2020 -2021

		<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"/>				

Because we are including **ALL** family members in this year's program (including adults). Please list **ALL** children in the family with their ages (including those not registered for the program). If we are able to do any socially distanced outdoor activities we need all children's allergies and medical issues.

Parents/Guardians: _____

(H) Phone: _____ **Email:** _____

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

Mother's Food Allergies or Requirements:

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

Father's Food Allergies or Requirements:

PLEASE COMPLETE OTHER SIDE

Medical Insurance Policyholder

Insurance Company Name

Policy Number

Physician Name

Physician Phone

Emergency Contact (other than parent/guardian):

Name: _____ Phone: _____

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

IN THE EVENT WE ARE ABLE TO RESUME NORMAL LOGOS MEETINGS:

/ (we) parents of the listed participant(s) give permission for our child(ren) to participate fully in the 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, field trips).

_____ Yes _____ No

Limitations: _____

I give permission for my child(ren) to be photographed. (These photos are for church use only and may be put on the church website or church Facebook page).

_____ Yes _____ No

CHRYSALIS YOUTH ONLY — I give permission for my child(ren) to be transported by LOGOS leaders in their personal vehicles. Use of seat belts will be required.

_____ Yes _____ No

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