



State College Presbyterian Church

LOGOS Health/Release Form

2024 -2025

		<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: _____

Parent #1 (W) Phone: _____ Parent #1 (Cell) Phone: _____

Parent #2 (W) Phone: _____ Parent #2 (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)

Parent (Guardian) signature and date

Parent (Guardian) signature and date

2024/2025 Health and Sickness Policies

1. If your child has been absent from school on a LOGOS day for a sickness or fever, we ask that you keep them home for the afternoon LOGOS program as well.
2. If your child has any of the following, they should stay home:
 - A fever of 100.4 or higher
 - Unusual spots or rash
 - Vomiting
 - Lice
 - Loss of smell/taste
 - Shortness of breath
3. If your child has any TWO of these extra symptoms, please keep them at home:
 - Chills
 - Muscle pain
 - Headache
 - Sore Throat
 - Nausea
 - Diarrhea
 - Fatigue
 - Congestion/Runny Nose
 - Persistent cough
4. If your child, or someone in your family home has had close contact with someone who tested positive for Covid, we ask that you keep your child/youth at home, and proceed with Covid testing, as recommended by the CDC or your family physician.
5. In the event of a medical emergency, we will treat your child with first aid. If it is a life-threatening or serious injury, you will be called and your child will be taken to the emergency room at Mt. Nittany Medical Center or an ambulance will be called. In a minor event, you will be notified when you should pick up your child.
6. If your child needs approved medications while here at LOGOS, please note this on the Health Form.

We have read the sickness and health policies, and our signature below shows we will follow them.

(The signature of one parent is required)

Parent (Guardian) signature and date

Parent (Guardian) signature and date