



Logan Strong Foundation

LoganStrongFoundation@gmail.com

www.LoganStrongFoundation.org

518-930-2384

Any questions - Please reach out to Sari Medick, Vice President at 518-248-9584

Logan Strong Foundation - Application for Services

Childs Name _____ Nickname Preferred _____
 Date of Birth _____ Date of Diagnosis _____
 Diagnosis _____

Treatment Stage _____
 Primary Treatment Hospital _____
 Primary Dr _____

Referring Agency _____ Agency Contact _____
 Address _____ Phone _____
 Email _____

Parents Names _____
 Home Address _____
 Are you staying at AMC? _____ Room # _____
 Are you staying at RMHC? _____ Room # _____
 Best Phone to Contact ? _____
 Email _____

Family Contact (Optional): _____
 School Contact (Optional): _____

Logan Strong Foundation provides the following services

Please mark which you are asking for. You can choose as few or as many services we offer, as you wish

- Ocho** Hand Crocheted Octopus as a friendly Hospital Buddy
- No Touching Sign** Signs to wear on strollers and diaper bags to ask others not to touch due to germs.
- T- Shirt Campaign** As a way to assist you get through the financial hardship of being in the hospital, we help you establish a campaign and sell your t-shirts to raise money.
- Wrist Bands** As a way to assist you get through the financial hardship of being in the hospital, we provide you with 500 wrist bands to sell to raise money and awareness.
- House Cleaning** With our partnership with Life Maid Simple, we are thrilled to offer families an opportunity for a house cleaning (Max of 4 hours) paid for by the Logan Strong Foundation.
- Wish List Item** We ask you to set up a wish list on amazon that is public and share with us, and our board will approve a small treat to help your little one get through treatments.



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RELEASES

The Logan Strong Foundation is asking for your release of photos, and consent to share limited medical information for which you are willing to share.

I authorize the release of our Names, and images of our family that we have provided or we have approved, for the promotion of services we have been provided by the Logan Strong Foundation.

I authorize the release of our child's diagnosis, place of treatment and stage of treatment information we have provided and approved, for the promotion of services we have been provided by the Logan Strong Foundation.

I authorize Logan Strong Foundation to reach out to the approved contacts on our behalf to aid us in the fundraising process.

Authorized Contacts: (May be updated as needed)

| Name | Organization | Phone | Email | Date Auth |
|------|--------------|-------|-------|-----------|
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Please submit completed application by email to
LoganStrongFoundation@gmail.com

| For Logan Strong Foundation Use: | | | |
|----------------------------------|-------------|---------------------|--|
| Application Date: | | Board Contact: | |
| Board Acceptance: | | | |
| T Shirt Campaign Design: | Sent to Ray | Start Date | |
| Site Link: | | End Date | |
| Wristbands Colors: | | Date Ordered: | |
| Wristband Wording: | | Date Delivered: | |
| Ocho Delivered: | | No Touch Delivered: | |
| Amazon Wish List Request: | | Cleaning Scheduled: | |
| Notes: | | | |
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