

MAKING CHURCH A SAFE PLACE

*Rationale and Procedures for
Minimizing the Risk of Abuse*

“...Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. I tell you the truth, anyone who will not receive the kingdom of God like a little child will never enter it.” And he took the children in his arms, put his hands on them and blessed them.

Mark 10:14-16 NIV

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A Vision for Children and the Church

Because
we affirm that
all children are a gift of God,
created by God and created good;
all children are a gift
to the whole of the human community;
all children have a real faith and gifts for ministry;
all children have the right to be children;
and all children are not just tomorrow,
they are today.

Because
we believe that all children depend upon adults for safety and security
in a world that does not always value children;
all children are affected first and most deeply
by those things that work against health and wholeness;
where there is disease,
children sicken and die;
where there is homelessness,
children sleep on the streets and
in other dangerous places;
where there is war,
children are frightened
and without a safe place;
where the air and water are polluted,
children feel the effects in their bodies
and in their futures;
where there is shame children’s spirits are wounded.

Therefore
we hope for a world
where all children can find a safe place;
where all ages, races, genders, creeds and abilities
are recognized, valued, and celebrated;
where all adults hear the voices of children and speak with
as well as for them; where all children have “first call” on the world’s resources
and first place in the minds
and hearts of the world’s adults.

Because
Jesus welcomed children and encourages us to
welcome them in his name;
Jesus lifted up a child
as an example of what the realm of God is like.

Therefore
we hope for a church
where we take seriously our baptismal vow to
nurture all children committed to our care;
where we bring good news to all those places
where children are in need;
where adults and children alike share in ministry.

Adopted by 205th General Assembly 1993

Goals

1. To provide children a safe environment for learning, nurture, and care
2. To establish policies and procedures to lower legal risk to the church
3. To protect volunteers and church employees from false allegations of abuse
4. To provide models for establishing a program that meets the above goals

Purpose

The community of faith believes that children are a gift of God to the whole of the human community. They are an integral part of the community contributing to its worship and ministry. It is in the church that children and youth receive nurture and hear the good news of God's love and protection. Therefore it is the church's responsibility to provide safety and security for children and youth as well as for the adults to whom they are entrusted. Policies to reduce the risk of child abuse are essential for the protection of all.

VOLUNTEER POLICY FOR THOSE WORKING WITH CHILDREN / YOUTH

He has told you, O mortal, what is good; and what does the Lord require of you but to do justice and to love kindness, and to walk humbly with your God? Micah 6:8

PURPOSE:

This policy has been developed to:

- Protect volunteers
- Protect children and youth
- Protect the church

POLICY:

- A. Screening procedure for volunteers working with minors: Volunteers will submit a completed Volunteer Application Form.
 1. A background check and personal reference check will be conducted by the supervisory staff member(s).
 2. The Volunteer Application Form and related information will be kept in the church office in a locked filing cabinet. Only the Pastor(s), Director of Christian Education, and/or supervisory staff member(s) will have access to the volunteer's information.
 3. Volunteers who desire to review their information may do so by scheduling an appointment with the Director of Christian Education or assigned staff member.
- B. Only persons who are active in the life of the church for six months or more will be eligible to serve as volunteers with children/youth. The Director of Christian Education must review any exception.
- C. All activities with minors shall be scheduled through supervisory staff, approved by session. Approval is to be given to all church-sponsored activity or functions. A church-sponsored activity or function is defined as any activities, on or off campus, planned or approved by the supervisory staff, approved by session and scheduled on the official church calendar.
- D. The Volunteer Application Form will be revised periodically and updated information will be requested from volunteers, as needed.
- E. There will be a minimum of two adults working together with children or students. For overnight youth activities, there will be a male adult present if there are any male students present and a female adult present if there are any female students present. This protects children/youth and the adults, as well as providing a safer situation in the event of an accident or emergency.
- F. Persons under the age of 18 who are asked to work with children or youth shall do so under the supervision of an adult and shall be screened by supervisory staff.
- G. For church sponsored activities for children/youth, only paid staff members or approved adult volunteers will be allowed to drive. For all church sponsored activities that require

transportation there will be a minimum of three people present in the vehicle, either two adults and a child/youth or one adult and two children and/or youth.

- H. For infrequent and unusual church situations that are not easily classified elsewhere in the policy, the standards and spirit of this policy shall be recognized as being in force.
- I. The Director of Christian Education or supervisory staff will regularly implement appropriate procedures and continuing education for all children and youth ministry volunteers to include First Aid/CPR training.
- J. The minimum age for youth advisors shall be 5 years older than the oldest youth fellowship member.
- K. Each room set aside for children and youth should have a door with a window in it or a half door. If that is not possible, doors should remain open to maintain visibility.
- L. Counseling sessions with children or youth and an adult (staff member or volunteer) should take place where the door to the room remains open for the entire meeting.

**PART 1
VOLUNTEER APPLICATION**

Do your best to present yourself to God as one approved, a workman who does not need to be ashamed and who correctly handles the word of truth. II Timothy 2:15 NIV

As we grow and move forward together in Christ, we want to provide protection for volunteers and provide a safe and secure environment for the children and youth who participate in our programs and use our church facilities. We are asking that all volunteers involved with the children and youth ministries of the church complete the following screening form.

GENERAL INFORMATION

Full Name: _____

Name you go by: _____

Maiden Name (if applicable): _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Occupation: _____

Social Security Number: _____ Employer: _____

Drivers License Number: _____ Work Status: ___part time ___full time

State: _____ Expiration Date: _____ ___student ___retired

___other

Work Phone Number: _____

Are you a member of this church? ___Yes ___No How Long? _____

BACKGROUND INFORMATION

To understand your call to serve this congregation, please respond to the following:

Tell us of your faith journey

Why are you committed to serve our church in the area of children and youth ministry?

What leadership roles have you held in this or other churches?

Please list any training or education, which you deem to be helpful preparation for children/youth ministry.

MINISTRY AREAS OF INTEREST

- | | | |
|---|--|--|
| <input type="checkbox"/> Infants/Toddlers | <input type="checkbox"/> Midweek Program | <input type="checkbox"/> Sunday Morning Programs |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Music | <input type="checkbox"/> Worship |
| <input type="checkbox"/> Kindergarten – Grade 4 | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Summer Programming |
| <input type="checkbox"/> Grades 5 – 6 | <input type="checkbox"/> Drama | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Grades 7 – 8 | <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Games/Recreation |
| <input type="checkbox"/> Grades 9 – 12 | | |

REFERENCES

Please list three personal references (other than relatives or church staff)

Name: _____ Dates Known: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (Hm): _____ Phone (Wk): _____

Name: _____ Dates Known: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (Hm): _____ Phone (Wk): _____

Name: _____ Dates Known: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (Hm): _____ Phone (Wk): _____

EXPERIENCE

(Please complete the two sections below if applicable.)

Please list all church work involving children and youth in the past five years.

Church: _____ Dates Served: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Type of Service: _____

Church: _____ Dates Served: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____
Type of Service: _____

Please list all non-church work involving children and youth in the past five years.

Organization Name: _____ Dates Served: _____
Address: _____
City: _____ State: _____ Zip: _____

Organization Name: _____ Dates Served: _____
Address: _____
City: _____ State: _____ Zip: _____

**PART 2
CONFIDENTIAL**

Because of the nature of ministering to youth and children, this part of the Volunteer Application Form asks you to answer questions that are intended to protect the children/youth, the volunteers and the church. Because answers to these questions are personal and sensitive, access to this part of the application will be limited to church staff (Pastor(s), Director of Christian Education, and/or supervisory staff member).

Your service as a children/youth volunteer will be based upon the answers to the following questions. If you would like to discuss this part of the application please contact the Director of Christian Education or supervisory staff.

Have your driver's license ever been suspended or revoked? Yes No
If yes, please explain.

Have you ever been arrested? If yes, please explain. Yes No

Have you ever been convicted of, plead guilty to, or are you currently charged with assault, kidnapping, abuse, neglect, possession or promotion of child pornography, indecency with a child, or sexual offense of any kind? Yes No
If yes, please explain.

Are you now, or have you in the past ever been subject to the reporting or registration requirements of Ch 62, Texas Code Criminal Procedure, The Sex Offender Registration Program? Yes No

Other than that above, is there any fact or circumstance involving you or your background that would affect your ability to supervise, guide, or care for children/youth? If yes, please explain. Yes No

Has your application or request to be a children/youth volunteer, or application for employment in connection with a child/youth related job, such as at a school, daycare facility, or other child/youth related activity ever been declined? If yes, please explain. Yes No

May we have your permission to contact the organization, or group mentioned in your response to the above questions? Yes No

The information obtained in this application is within my personal knowledge and is true and correct.

Signature: _____ Date: _____

Please print your name

PART 3
LIABILITY RELEASE FORM

I understand that the information I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides truthful and accurate information. I also agree to release and hold harmless actions taken in connection with the Volunteer Application, this church, and employees and volunteers thereof.

I waive the right to inspect references, letters, or statements provided on my behalf

I do not waive the right to inspect references, letters, or statements provided on my behalf.

I expressly reserve the right to examine the remainder of the information contained in my Volunteer Application file.

Applicant's Signature

Date

Print Name

PART 4
CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK
AUTHORIZATION/WAIVER/INDEMNITY

Each staff member or volunteer who is to be screened must sign an authorization, waiver, indemnity form giving approval for this church to perform the criminal background search.

I hereby give permission for this church to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies*, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will waive an opportunity to review the criminal history as received by this church and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the reporting agencies and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for the negligence, gross negligence, and/or strict liability of the reporting agencies, any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member).

Applicant's Signature

Date

Please Print Name

Information to be completed by church staff member

Maiden Name (if applicable): _____

D.O.B.: _____

Sex: _____ Race: _____

Driver's License Number: _____ State: _____

*Reporting agencies could include:

BTI Employee Screening Inc. 800-658-5638
8150 North Central Expressway, Suite 500
Dallas, TX 75206

Department of Public Safety
Austin, TX
512-424-2079

Volunteer Center of United Way 210-352-7000
Attention: Susie Walk-Atchison
700 S. Alamo
San Antonio, TX 78205

REFERENCE CONTACT FORM

Name of Applicant: _____

1. Name of reference and/or church: _____

Date and time reference contacted: _____

Method of contact: ___phone ___personal visit ___email ___other

2. Name of reference and/or church: _____

Date and time reference contacted: _____

Method of contact: ___phone ___personal visit ___email ___other

3. Name of reference and/or church: _____

Date and time reference contacted: _____

Method of contact: ___phone ___personal visit ___email ___other

4. Name of reference and/or church: _____

Date and time reference contacted: _____

Method of contact: ___phone ___personal visit ___email ___other

Summary of conversation:

Signature

Date

Position

INTERVIEW AND QUESTIONS HELPS

The following are questions, which could be asked during an interview with a children/youth volunteer. The interview would be necessary only if the criminal background check on the volunteer came back with discrepancies or the supervisory staff member is not well acquainted with the volunteer. Pray for the interview process and pray for discernment and honest communication.

What do you feel are your strengths? Weaknesses?

What would be the ideal position for you in order to maximize your gifts/skills?

What motivates you?

What led you to choose this ministry?

Tell me about your walk with Christ?

How do you feel your spiritual gifts can be used in service to our children/youth?

How would you describe your most effective means of disciplining children/Youth? Your least effective?

Have you ever “bent the rules” for a child/youth?

Have you ever worked with children/youth when they did not meet your expectations? How did you feel? What did you do?

Do you think it would ever be appropriate not to tell the absolute truth to a child/youth?

Have you ever asked a child to keep a secret? If yes, describe the occasion. If no, describe an example of when it would be appropriate to ask a child/youth to keep a secret?

List activities, frequency, and nature of your social/recreational/community involvement.

What are your hobbies?

How do you handle disagreements or differences with others?

What kinds of things do you do for fun?

What do you do at your job?

What age group of children/youth do you prefer to work with?

Is there anything we have not covered that you would like to tell me?

INTERVIEW SUMMARY WITH POTENTIAL CHILDREN/YOUTH VOLUNTEER

Name of Volunteer: _____

Date of Interview: _____

Summary of Interview:

Additional Comments:

Name of Person Conducting Interview (please print)

Signature of Person Conducting Interview

DISQUALIFYING OFFENSES TO SERVE IN MINISTRY WITH CHILDREN/YOUTH

These policies apply to full-time, part-time and volunteer ministry staff. Every reference made to “staff member” includes volunteer ministry personnel as well as paid staff persons.

Disqualifying offenses to drive children/youth to and from church sponsored activities:

- Any DWI arrest in past year or 2 DWI convictions in last 3 years
- More than 2 convictions (moving violations) during the last 2 years
- More than 2 moving accidents within the past 18 months
- Any accident in the past 3 years caused by the staff member, resulting in loss of life

Disqualifying offenses to serve in ministry with children/youth:

- Any conviction of assault, kidnapping, abuse, neglect, possession or promotion of child pornography, indecency with a child, or any other kind of sexual offense
- Any felony conviction
- Any misdemeanor involving moral turpitude (sexual, lying, etc.)
- Conviction of any misdemeanor involving use of alcohol or drugs within the past year or 2 in the last 3 years

PROCEDURE WHEN CRIMINAL BACKGROUND CHECK ON VOLUNTEER OR STAFF MEMBER RESULTS INDICATE DISCREPANCIES

This procedure applies to full-time, part-time and volunteer ministry staff. Every reference made to a “staff member” includes paid staff and volunteers.

Convictions: If a conviction is discovered, the Senior Pastor, Director of Christian Education, and the supervisory staff member will decide upon a course of action depending on the nature of the offense and the position to be held. Procedure to follow shall include:

- Meet confidentially with staff member to inform him/her of discrepancies found in criminal background check.
- Ask for an explanation.
- Focus on the area that pertains to the staff member’s position.
- Excuse any staff member from service with children/youth if they have disqualifying offenses or a solution cannot be found.
- Document the conversation.
- Keep all proceedings confidential.

Arrests: If an arrest for a serious offense is discovered, the Senior Pastor, Director of Christian Education, and/or the supervisory staff member will decide upon a course of action while keeping all proceedings confidential, which could include:

- Meet confidentially with staff member to inform him/her of discrepancies found in criminal background check.
- Ask for an explanation, affording them an opportunity to correct the record.
- Excuse any staff member from service with children/youth if they have any disqualifying offenses or a solution cannot be found.
- Keep all proceedings confidential.

Be mindful that as a community of faith, our response to staff members shall be to offer support through counseling (referring to agencies as appropriate), pray, and guidance as to alternative areas in which to serve the church.

POLICIES GOVERNING CHARGES OF SEXUAL MISCONDUCT

These policies apply to full-time, part-time and volunteer ministry staff. Every reference made to “staff member” includes volunteer ministry personnel as well as paid staff persons.

1. In cases of alleged sexual misconduct, the following procedure that’s in effect.

The Supervisory staff member(s) will report the alleged incident to the Director of Christian Education immediately. The Director of Christian Education then reports immediately to the Senior Pastor and to the Clerk of Session. The Senior Pastor and the Clerk of Session will then begin the procedures in The Book Order (D-10.0101 to D-14.0502). If the Director of Christian Education is the accused, an immediate report shall be given to the Senior Pastor. The Director of Christian Education and the Clerk of Session will initiate the procedures if the Pastor(s) is accused.

2. If child abuse or neglect is suspected, state law requires the staff member to report to appropriate authorities. Please see Appendix A – Texas Family Code.
3. The accused staff member will be removed from direct contact with children/youth until the completion of an investigation.
4. The party involved will be referred to an outside agency or person for counseling.
5. A meeting dealing with this matter will be conducted with any two of the following staff: Pastor(s), Director of Christian Education or supervisory staff member(s).
6. All communications shall be confined to those involved in the investigation.
7. All information about the alleged incident and the identity of the parties involved will be kept strictly confidential by all those staff members involved and any such information shall only be disseminated pursuant to procedures in The Book of Order or to law enforcement investigation. A single spokesperson for all communication will be appointed by the Senior Pastor (unless Senior Pastor is the subject of the alleged incident) and Clerk of Session. The liability insurance company carrying the policy for the church should be notified immediately. The spokesperson shall communicate publicly via a news release approved in writing by the session. In addition if the church retains a lawyer all communication shall be cleared in advance with the lawyer. It is understood that no such confidential information shall be revealed or communicated by staff members at home, work, or otherwise, other than to the limited extent contained in this paragraph.

TEXAS FAMILY CODE

Vernon's Texas Statutes and codes annotated Family Code
Title 5. The Parent-Child Relationship and the Suit Affecting the Parent-Child Relationship
Subtitle E. Protection of the Child
Chapter 261. Investigation of Report of Child Abuse or Neglect
Subchapter B. Report of Abuse or Neglect; Immunities
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Current through End of 1999 Regular Session

- § 261.101. Persons Required to Report; Time to Report
- (a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.
- (b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Section 21.11, Penal Code, the professional shall make a report no later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section 21.11, Penal Code. A professional may not delegate or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, daycare employees, employees of a clinic or healthcare facility that provides reproductive services, juvenile probation officers, and the juvenile detention or correctional officers.
- (c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, and an employee of a clinic or healthcare facility that provides reproductive services.
- (d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:
1. As provided by Section 261.201; or
 2. To a law enforcement officer for the purposes of conducting a criminal investigation of the report.

STATEMENT OF ACCEPTANCE

I acknowledge that I have been told and received training in the policies of this church pertaining to children and youth. I understand that they apply to me in my role as a volunteer worker with the children and youth of this church.

Signature

Date

As stated in the Texas Family Code §261.101 Persons Required to Report; Time to Report (a) and (b), if you have cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect, you are to make a report immediately to Child Protective Services 1-800-252-5400.

TYPES OF CHILD ABUSE

Generally, child abuse is categorized in five primary forms: physical abuse, emotional abuse, neglect, sexual abuse, and ritual abuse.

1. **Physical Abuse:** Abuse in which a person deliberately and intentionally causes bodily harm to a child. Examples may include violent battery with a weapon (knife, belt, strap, and so forth), burning, shaking, kicking, choking, fracturing bones, and any of a wide variety of non-accidental injuries to a child's body.
2. **Emotional Abuse:** Abuse in which a person exposes a child to spoken and/or unspoken violence or emotional cruelty. Emotional abuse sends a message to the child of worthlessness and of one not only unloved but undeserving of love and care. Children exposed to emotional abuse may have experienced being locked in a closet, being deprived of any sign of parental affection, being constantly told that they are bad or stupid, or being allowed or forced to abuse alcohol or drugs. Emotional abuse is often very difficult to prove and is devastating to the victim.
3. **Neglect:** Abuse in which a person endangers a child's health, safety, or welfare through negligence. Neglect may include withholding food, clothing, medical care, education, and even affection and affirmation of child's self-worth. This is perhaps the most common form of abuse.
4. **Sexual Abuse:** Abuse in which sexual contact between a child and an adult (or another older and more powerful youth) occurs. The child is never truly capable of consenting to or resisting such contact and/or such sexual acts. Often the child is physically and psychologically dependent upon the perpetrator of the abuse. Examples of sexual abuse may include fondling, intercourse, incest, and the exposure to child pornography or prostitution.
5. **Ritual Abuse:** Abuse in which physical, sexual, or a person or persons responsible for the child's welfare, inflict psychological violations of a child regularly, intentionally, and in stylized way. The abuser may appeal to some higher authority or power to justify the abuse. The abuse may include cruel treatment of animals or repeated threats of harm to the child, other persons, and animals. Reports of ritual abuse are often extremely horrifying and may seem too grim to be true. Children making such reports must not be ignored.

INDICATORS OF CHILD ABUSE

The following characteristics may be indicators of abuse, although they are not necessarily proof. Individually, any one of the indicators may be a sign of a number of other more or less serious problems. When these indicators are observed in a child, they can be considered as warning and lead you to look into the situation further.

Possible Signs of Physical Abuse

1. Hostile and aggressive behavior towards others
2. Fearfulness of parents and/or other adults
3. Destructive behavior toward self, others, and/or property
4. Inexplicable fractures or bruises inappropriate for child's developmental stage
5. Burns, facial injuries, pattern of repetitious bruises

Possible Signs of Emotional Abuse

1. Exhibits severe depression and/or withdrawal
2. Exhibits severe lack of self-esteem
3. Failure to thrive
4. Threatens or attempts suicide
5. Speech and/or eating disorders
6. Goes to extremes to seek adult approval
7. Extreme passive/aggressive behavior problems

Possible Signs of Neglect

1. Failure to thrive
2. Pattern of inappropriate dress
3. Beggars or steals food; chronic hunger
4. Depression
5. Untreated medical condition
6. Poor hygiene

Possible Signs of Sexual Abuse

1. Unusually advanced sexual knowledge and/or behavior for child's age and developmental stage
2. Depression – cries often for no apparent reason
3. Promiscuous behavior
4. Runs away from home and refuses to return
5. Difficulty walking or sitting
6. Bruised/bleeding in vaginal or anal areas
7. Exhibits frequent headaches, stomachaches, and extreme fatigue
8. Sexually transmitted diseases

APPENDIX

Medical Emergency Form

Transportation Form

Registration for Child Care Services

Resource List

Medical/Emergency Information

Child's Name: _____ DOB: _____

Child's Physician: _____

Physician's Address: _____

Physician's Telephone: _____

Health Insurance Company: _____

Policy/Group No.: _____ ID No.: _____

Does your child have any type or medical, physical or mental condition that staff should be aware of to provide adequate care? If so, please explain:

Condition: _____

Medication: _____

Does your child have any allergies? If so, please explain:

Allergic to: _____

Reaction: _____

Medication or Treatment: _____

Name of two (2) relatives or friends authorized to act in your behalf in case you cannot be reached:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

I hereby authorize (child care entity), in the event of illness or injury that should require medical care or attention while the minor child is in the care of custody of (child care entity), to take such child to a healthcare provide for any medical care. I/We understand that (child care entity) will use reasonable effort to contact me or my authorized representative in the event such medical care is required. I/We hereby release (child care entity) from any liability by reason of (child care entity) acting pursuant to this authorization. The undersigned further agree they will be responsible (jointly and severally) for and will pay for all medical expenses/charges incurred for the minor child pursuant to this authorization.

Parent/Legal Guardian

Date

TRANSPORTATION FORM

Parents – Please fill out permission slip to cover the activities of the youth group. Thank you.

NAME _____ PHONE _____

ADDRESS W/ZIP _____

SCHOOL _____ GRADE _____

INVITED BY (IF NEW) _____

I give permission for my above named youth to join the Youth Group of _____ Presbyterian Church on activities held in San Antonio and activities held outside of the San Antonio area which are approved by the session and/or pastor(s) of the church. I understand the group will travel together at all times and only youth leaders and adults will drive.

I hereby release _____ Presbyterian Church, its staff and sponsors, from any responsibility and liability for any injury or illness that my youth may sustain during activities held in _____ (city) or outside the _____ area which are approved by the session and/or pastor of the church. In the event of an emergency, I hereby authorize an adult leader of the activity, as an agent for me, to consent to an x-ray examination; medical, dental, or surgical diagnosis; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice in Texas, either at a doctor’s office or in any hospital. I expect to be contacted as soon as possible.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

PLEASE PRINT ABOVE NAME _____

DATE _____ EMERGENCY PHONE _____

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS OR LIMITATIONS _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

MEMBERS NAME _____

Registration For Child Care Services

Please fill out this form and return it no later than (date) _____ to:

Parent(s) Name(s): _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____

1. Child's Name: _____ Age: _____ Sex: _____
Favorite Snacks: _____ Will (can) NOT eat: _____
Favorite Toys and Activities: _____ Nap Time: _____
Medical Problems: _____
Medication: _____
Other Special Needs (allergies, fears, limitations, etc.): _____
Immunizations and Dates: _____

2. Child's Name: _____ Age: _____ Sex: _____
Favorite Snacks: _____ Will (can) NOT eat: _____
Favorite Toys and Activities: _____ Nap Time: _____
Medical Problems: _____
Medication: _____
Other Special Needs (allergies, fears, limitations, etc.): _____
Immunizations and Dates: _____

3. Child's Name: _____ Age: _____ Sex: _____
Favorite Snacks: _____ Will (can) NOT eat: _____
Favorite Toys and Activities: _____ Nap Time: _____
Medical Problems: _____
Medication: _____
Other Special Needs (allergies, fears, limitations, etc.): _____
Immunizations and Dates: _____

4. Child's Name: _____ Age: _____ Sex: _____
Favorite Snacks: _____ Will (can) NOT eat: _____
Favorite Toys and Activities: _____ Nap Time: _____
Medical Problems: _____
Medication: _____
Other Special Needs (allergies, fears, limitations, etc.): _____
Immunizations and Dates: _____

People Authorized To Pick Up My Child

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

If there are to be any changes in these arrangements, I will give advance written notice. I understand that any person who picks up my child must show proper identification.

RESOURCE LIST

Reducing the Risk, The Church Law and Tax Report – Guide One Insurance Company. Available from Wayne McGiboney, Suite 306 8620 N. New Braunfels, San Antonio, TX 78217. 800-949-2963. Video, audiotape and workbooks. Packet contains segments on the need for a child abuse prevention program, the legal liability of churches, and understanding child sexual abuse. A good resource for churches seeking to establish policies and procedures for recruiting and selecting volunteers and employees who work with children.

Presbyterian Child Advocacy Network – PCUSA, 100 Witherspoon St., Louisville, KY 40202 502-569-5838

We Won't Let it Happen Here – Preventing Child Abuse in the Church, 2nd Edition. Lois Rifner, Ph.D. & Susan Keil Smith, M.A. and Child Advocacy Office, PCUSA

Safe Sanctuaries, Reducing the Risk of Child Abuse in the Church, Joy Melton, Discipleship Resources 1998

Child/Youth Ministry Policies Adopted From:

- Coker United Methodist Church, San Antonio
- Girl Scouts of America
- University Presbyterian Church Child Care Center
- Covenant Presbyterian Church, San Antonio