



ANNUAL INFORMATION SHEET FOR ALL CHILDREN/YOUTH PROGRAMS (one form per family)

Family Information

Custodial Parent/Guardian Contact _____

Home Address: _____

E-mail: _____ Phone: _____ Cell Phone: _____

Secondary Parent/Guardian/Emergency Contact: _____

Address (if different from above): _____

E-mail: _____ Phone: _____ Cell Phone: _____

Children

1. Name (First, Last) _____ Birthdate: _____

Physician: _____ Phone: _____ School Grade: _____

Restrictions (Explain any allergies, physical or dietary restrictions and/or any medical or behavioral concerns of which group leaders, mentors or group advisors should be aware.):

Medications:

Name _____ Dose _____ Frequency _____

Name _____ Dose _____ Frequency _____

Name _____ Dose _____ Frequency _____

For infants through 5th grade, please list any special instructions about picking up your child/youth following a class session or group event:

2. Name (First, Last) _____ Birthdate: _____

Physician: _____ Phone: _____ School Grade: _____

Restrictions (Explain any allergies, physical or dietary restrictions and/or any medical or behavioral concerns of which group leaders, mentors or group advisors should be aware.):

Medications:

Name _____ Dose _____ Frequency _____

Name _____ Dose _____ Frequency _____

Name _____ Dose _____ Frequency _____

For infants through 5th grade, please list any special instructions about picking up your child/youth following a class session or group event:

3. Name (First, Last) _____ Birthdate: _____

Physician: _____ Phone: _____ School Grade: _____

Restrictions (Explain any allergies, physical or dietary restrictions and/or any medical or behavioral concerns of which group leaders, mentors or group advisors should be aware.):

Medications:

Name _____ Dose _____ Frequency _____

Name _____ Dose _____ Frequency _____

Name _____ Dose _____ Frequency _____

For infants through 5th grade, please list any special instructions about picking up your child/youth following a class session or group event:

Photograph Permission:

I give permission for my child to be photographed. Photos/videos may be used on church bulletin boards and used for publicity, including the church website and the church Facebook page. (Circle One)

Yes

No

ANNUAL PERMISSION FOR SPECIAL ACTIVITIES

Dear Parent/Guardian:

The Child Protection Policy applies to all activities or events planned and approved by the Elizabethtown Church of the Brethren church staff or any church ministry board, committee or team designed specifically for children/youth.

1. I understand and acknowledge that if a situation arises during which any of the policy goals cannot be reasonably met due to unavoidable circumstances, the adults involved will accommodate the policy as far as they are able, in accordance with the spirit of the policy.
2. I understand and acknowledge that if my child(ren) is involved with the mentoring program at the ELIZABETHTOWN CHURCH OF THE BRETHREN, there may be times when my child(ren) will be alone with their mentor.
3. I understand and acknowledge that those transporting children/youth must be 18 years of age or older, hold a valid senior driver’s license, present current insurance of car being used and obey all traffic laws, including use of seat belts.
4. I understand and acknowledge that if an event is held at the ELIZABETHTOWN CHURCH OF THE BRETHREN, then at least one approved adult male and one approved adult female chaperone will be present at all times for overnight events if children/youth from both genders are participating.
5. I understand and acknowledge that overnight activities for youth are sometimes held in conjunction with other organizations, in which case, the ELIZABETHTOWN CHURCH OF THE BRETHREN does not guarantee that the sponsoring organization has adopted the provisions of the Child Protection Policy.
6. I understand and acknowledge that my written permission is required on an **ANNUAL BASIS** in order for my child(ren) to participate in activities. I understand that I will receive notification before each specific event and agree to future activities as indicated in the weekly ECOB church bulletin/calendar.

Signature _____ Date _____