

# Grace Fellowship Church

## *Child Protection Policy*

November 1, 2003

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# Grace Fellowship Church

## Child Protection Policy

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### Table of Contents

<b>Introduction</b> .....	4
<b>Scope</b> .....	4
<b>Policy Statement</b> .....	4
<b>References</b> .....	4
<b>Definitions</b> .....	4
a. Injury Incident .....	4
b. Accidental Injury .....	4
c. Abusive Injury .....	4
d. Sexual Abuse.....	4
e. Alone .....	5
f. Ministry Staff .....	5
g. Volunteer .....	5
h. Helper .....	5
i. Employee.....	5
<b>Child Protection Strategy</b> .....	5
<b>Ministry Staff Selection</b> .....	5
Ministry Volunteer Screening Procedures.....	5
Employee Screening Procedures.....	6
Waiting Period.....	6
<b>Ministry Guidelines</b> .....	7
Supervision .....	7
Parental Permission .....	7
Ministry Restrictions .....	7
Discipline.....	8
<b>Toddler and Infant Nursery Guidelines</b> .....	8
<b>General Security</b> .....	8
<b>Education and Training</b> .....	9
<b>Incident Response</b> .....	9
<b>Accidental Injury</b> .....	9
<b>Suspected Abusive Injury</b> .....	9
<b>Internal Investigation</b> .....	10
<b>Record-Keeping</b> .....	10
<b>Registration</b> .....	10
<b>Attendance</b> .....	10
<b>Ministry Staff Selection Paperwork</b> .....	11

# Grace Fellowship Church

## *Child Protection Policy*

---

Injury Incident Report.....	11
<b>Index</b> .....	<b>12</b>
<b>Forms</b> .....	<b>12</b>
Children/Youth Work Application.....	13
Request and Authorization for Criminal Records.....	15
Volunteers and Employees Renewal Application.....	16
Reference Response Information.....	17
Phone Interview Reference Form.....	18
Ministry Staff Application Checklist.....	19
Injury Response Directions.....	20
Injury Incident Report.....	21
Injury Incident Report.....	22
Generic Annual Registration Form.....	23
Contact/Medical Information.....	25

Updated copies of this policy are available at

<http://gfc.home.sprynet.com/docs/GFCChildProtectionPolicy.pdf>

# Grace Fellowship Church

## *Child Protection Policy*

---

### **Introduction**

#### **Scope**

This document intends to create and enforce policies and procedures for the protection of children at Grace Fellowship Church of Oak Forest, IL (GFC). This document governs all [GFC](#) ministries to minors.

#### **Policy Statement**

In order to provide as safe and secure an environment as possible for the young people in our ministry and to minimize the ministry's and worker's vulnerability to unwarranted accusation, the following policies and procedures have been adopted.

Each ministry should have specific guidelines and procedures for their [Ministry Staff](#) and children or teens that will add to but not take away from the policies and procedures located in this manual.

#### **References**

[Grace Fellowship Church Nursery Handbook](#)

Illinois DCFS' Manual for Mandated Reporters: <http://www.state.il.us/dcf/mandated2000.pdf>

#### **Definitions**

**a. Injury Incident**

Any unusual occurrence in which it is suspected that a person has been harmed during the course of a [GFC](#) activity.

**b. Accidental Injury**

Any unintentional harm inflicted by another person, oneself or the facilities.

**c. Abusive Injury**

Any action or threat of intentional harm inflicted by another person or oneself including [sexual abuse](#) or other forms of physical abuse.

**d. Sexual Abuse**

For the purposes of this policy, child sexual abuse is defined as any physical contact between a minor and an adult in which the minor is being used for the sexual stimulation of the adult or another person.

# Grace Fellowship Church

## *Child Protection Policy*

---

**e. Alone**

Being in a place that is not observable by seeing or hearing of other [GFC](#) adults. For example, being in an enclosed room without a window in the door, in an area of a building which is not likely to be trafficked by adults, or in an outdoor area that is out of range of seeing or hearing.

**f. Ministry Staff**

Any individual that participates in the [GFC](#) ministries to minors, including all [volunteers](#), [helpers](#) and [employees](#).

**g. Volunteer**

An individual who is given the teaching or supervisory responsibilities over minors. The requirements are:

1. Must be at least 16 years old
2. Consistently participates in church services
3. Has gone through the screening process prescribed in this manual.

**h. Helper**

An individual who functions as an aide to the [Ministry Staff](#) or [Volunteer\(s\)](#) of the class or activity. The requirements are:

1. Must be at least 11 years old
2. Consistently participates in church services

**i. Employee**

Within the scope of this document, an employee is any individual remunerated by the church to direct a ministry to minors at the behest of the elders, whether full-time or part-time.

## **Child Protection Strategy**

### ***Ministry Staff Selection***

### **Ministry Volunteer Screening Procedures**

- a. Prior to consideration for a position, the candidate completes a ministry application.
- b. The ministry application is reviewed by a ministry leader or a designee of the board of elders
- c. Before functioning as a [Volunteer](#), by preference of the leader or designee of the board of elders, one or more of the references is checked to confirm the information provided on the ministry application.

# Grace Fellowship Church

## Child Protection Policy

---

- d. The applicant is personally interviewed by the ministry leader or designee of the board of elders
- e. A criminal background check is done by a ministry leader or a designee of the board of elders for any applicant who indicates the following:
  - 1. being a victim of [sexual abuse](#) is admitted on the application
  - 2. A felony conviction is admitted to on the application
  - 3. A reference communicates concern with the person's fitness for ministry to minors.
- f. Any evidence indicating that a candidate has a history of [Sexual Abuse](#) directed against another person results in the immediate removal of the individual candidate from consideration for ministry.
- g. More than one ministry may refer to the same references on file for a [Volunteer](#).
- h. "Grand-Father" Process - At the time of the adoption of this policy, the board of elders may function as the references for those [Volunteers](#) who have been involved in ministry to minors for at least one year with a minimum of two years of church attendance.

### Employee Screening Procedures

- a. Prior to consideration for employment, the candidate who may be working with minors completes an employment application.
- b. The employment application is reviewed by the elder board or its designee.
- c. Before functioning as an [employee](#), at least two of the references are checked to confirm the information provided on the employment application.
- d. A criminal background check will be performed through a state law enforcement agency for all employment candidates. This may be done post placement - after the offering of a position with the hiring of the candidate contingent on the results of the background check.
- e. Any evidence indicating that a candidate has a history of [Sexual Abuse](#) directed against another person results in the immediate removal of the individual candidate from consideration for employment.

### Waiting Period

No [Volunteer](#) candidate will be considered for any ministry position involving contact with minors until the candidate has been attending a Sunday worship service for three months or more. This does not apply to the [employees](#) that have gone through the above screening procedure (see Employee Screening Procedures on page 6).

# Grace Fellowship Church

## Child Protection Policy

---

### Ministry Guidelines

#### Supervision

- a. A [Volunteer](#) or [Helper](#) should not be [alone](#) with a minor while participating in a ministry.
- b. [Volunteers](#) should only work with minors in settings that are easily observed by other adults. These settings can include classrooms that are adjacent to trafficked areas and have a window in the door.
- c. Parents are expected to drop-off and pick-up their children at designated locations.

#### Parental Permission

##### 1. Program

As a part of the registration process, contact information is collected regarding the minor involved in the program. Having been provided with a general description of the activities involved, the parent or guardian gives permission for their child's involvement for the year.

##### 2. Off-site Activity

Any activity that involves minors departing from the church grounds requires written permission from the parent or guardian (under the supervision of a [GFC](#) ministry).

##### 3. Transportation

Any minors being transported across state lines are done so only by specific, written permission by their parents or guardians.

##### 4. Medical Release

Necessary, up-to-date medical information and a release for medical treatment are to be obtained for special activity that is held over a period in which a parent or guardian may not be easily contacted (i.e. overnight).

#### Ministry Restrictions

- a. [Ministry Staff](#), [Volunteers](#), and [Helpers](#) are instructed to not engage in extended hugging or tickling.
- b. [Ministry Staff](#), [Volunteers](#), and [Helpers](#) are not to kiss children or to coax them to kiss.
- c. [Ministry Staff](#), [Volunteers](#), and [Helpers](#) are instructed to avoid the appearance of impropriety, such as sitting children on their lap.
- d. Taking Children to the Bathroom
  - 1) If taking children four (4) years of age or older to the bathroom, the [Volunteer](#) is to wait outside the stall until the children come out. The doors to the restroom are to be propped open during these times and other adults are to wait until the restroom is free of children before using the facilities with the door shut.

# Grace Fellowship Church

## *Child Protection Policy*

---

- 2) Children three (3) years of age or younger (boys and girls) are to be assisted as needed in the restroom by an adult female. The female [Volunteer](#) should follow the same “open-door” policy as stated above.
- 3) [Helpers](#) are not to take children to the bathroom without a [Volunteer](#).
- e. [Ministry Staff](#), [Volunteers](#), and [Helpers](#) members are not to touch any child between the shoulders and knees unless in the case of a slap on the back to an appropriate hug. [Ministry Staff](#), [Volunteers](#), and [Helpers](#) are never to touch a minor’s private areas except when necessary, as when changing a diaper.

### **Discipline**

Physical contact should be avoided with a minor in a discipline situation.

- a. [Ministry Staff](#), [Volunteers](#), and [Helpers](#) are not to physically discipline anyone.
- b. Minors not to be physically forced to accompany an adult, unless it is necessary for the protection of others present.

### ***Toddler and Infant Nursery Guidelines***

Because they represent our most dependent and helpless population of children, there are specific guidelines outlined here regarding the toddler and infant nursery. All guidelines mentioned in this policy apply to those working with toddlers and infants as well as the following:

- a. All parents are required to sign in their children and describe where they will be while their child is in the nursery.
- b. The nursery workers will give visitors a visitor packet, register the child and issue a claim check.
- c. If the necessary number of nursery workers is not in the nursery, one of the mothers should be asked to stay and help until sufficient numbers of nursery worker arrive.
- d. Diaper changes are to be done only when more than one [Ministry Staff](#) person is present and according to the procedures outlined in the [Grace Fellowship Church Nursery Handbook](#).
- e. Only those working in, picking up, or dropping off a child should be in the nursery during a service.
- f. A claim check system is followed when releasing children from the nursery.

### ***General Security***

Un-supervised minors should be discouraged from wandering the building or playing in the gym during services or other programmed activities.

# Grace Fellowship Church

## *Child Protection Policy*

---

### **Education and Training**

- a. All [Ministry Staff](#) that minister to minors are provided with training in the policies and procedures for the protection of the minors within our care. Attendance will be required at a training meeting at least once per year. This training may be organized by the ministry leaders, and would highlight pertinent information in this policy relating to the particular area of ministry.
- b. The Child Protection Policy will be available for review by any church attendee.
- c. Through training meeting attendance and the availability of material, all [Ministry Staff](#) are expected to be knowledgeable of the policies and procedures contained in this policy that pertains to their area of ministry to minors.

### **Incident Response**

In the event that an incident causing injury occurs, an Injury Incident Report (see page Injury Incident Report21) should be filled out with the appropriate steps taken as prescribed on the form.

### ***Accidental Injury***

If there is an [accident](#) that causes injury to a minor, the Incident Injury report should be prepared by a present [Volunteer](#), and the ministry's supervisor should be immediately notified. If the [accidental injury](#) is suspected to have been caused by a [Volunteer](#), another [Volunteer](#) or the ministry supervisor should fill out the report and do the following:

- a. Collect general information.
- b. Notify the parent or guardian that their child was injured and of his or her condition.
- c. Begin the Injury Incident Report (see page Injury Incident Report21).
- d. Meet with the parents if they pick up their child.
- e. Release the child as soon as the necessary report information is collected and the parents' questions have been adequately addressed.
- f. If it seems possible that the minor's condition could worsen, he or she should not be released unless his or her parents are present and insistent.

### ***Suspected Abusive Injury***

Should it be suspected that a [Ministry Staff](#) Person is directly at fault for an [Abusive Injury](#) against a minor, the following steps should be taken with the report being prepared by another present [Volunteer](#), and the ministry's supervisor should be immediately notified. The ministry supervisor should do the following:

- a. Separate the suspected [Ministry Staff](#) person from the minor.
- b. Collect general information.

# Grace Fellowship Church

## Child Protection Policy

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- c. Contact the “Shepard of the Week” (a member of the board of elders).
- d. Notify the parent or guardian that their child or teen was injured and of his or her condition.
- e. Begin the Injury Incident Report (see page 21).
- f. Meet with the parents when they pick up their child or teen.
- g. Release the minor as soon as the necessary report information is collected and the parents’ questions have been adequately addressed, or whenever the parent or guardian insists he or she be released.
- h. The Elders overseeing the process will follow the proper law enforcement notification procedures as outlined in the DCFS’ [Manual for Mandated Reporters](#).

If the injury is intentionally self-inflicted by the minor, steps b through g should still be taken.

### ***Internal Investigation***

- a. Any allegation of abuse or molestation will be taken seriously and will be investigated by a team consisting of at least one member of the board of elders.
- b. Any [Employee](#) of the ministry who is the subject of an investigation will be removed from their position, with pay, pending completion of the investigation (unless the [employee](#) has admitted to the abuse or molestation, in which case they will be terminated in accordance with organizational employment practices).
- c. Any [Volunteer](#) or [Helper](#) who is the subject of the investigation will be removed from their position of involvement with minors pending completion of the investigation.
- d. Any person who is not found guilty of alleged abuse or molestation will be removed from work with minors. [GFC](#) will consult with legal counsel for advice if termination of employment is indicated.

## **Record-Keeping**

### ***Registration***

- a. Adequate registration information should be acquired from any parents upon dropping off their child for a first visit.
- b. Adequate information should be collected upon a teen’s or child’s first visit, even in cases where the teen drives or where a child that comes with a friend. The parent or guardian should be contacted to confirm the registration information before their third (3<sup>rd</sup>) visit.

### ***Attendance***

Attendance lists are kept for all of the ministry functions involving minors. Attendance records shall be kept on file for a period of two (2) years.

# Grace Fellowship Church

## *Child Protection Policy*

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### ***Ministry Staff Selection Paperwork***

The goal of this process is to protect Children and to free for spontaneous ministry those people who have been approved to work with minors. While individual ministries will vary in their practical ministry requirements, the end goal in this process is to have a list of individuals who are approved to minister to minors and to have a file on hand consisting of those who are barred from ministry to minors.

- a. [Ministry Staff](#) application and reference paperwork is kept under lock.
- b. Those applications that are turned down because the candidates have shown to be a threat to children are kept on file as long as the individual attends and for a year after the individual no longer regularly attends attending [GFC](#).
- c. Applications and paperwork belonging to [Ministry Staff](#) that are approved for ministry to minors may be destroyed or returned to the individual only after he or she has been out of the ministry for one year.
- d. The same application and paperwork can represent a [Ministry Staff](#) Person's approved involvement in more than one ministry as long as the paperwork that is specific to those ministries is collected.
- e. At anytime, a [Ministry Staff](#) Person may receive a copy of their file excluding the reference information.

### ***Injury Incident Report***

In the case that an Injury Incident occurs, a copy of all Injury Incident Report is made and left at the church. Copies of all Injury reports will be kept on record until ten (10) years after a minor reaches the age of majority.

# Grace Fellowship Church

## *Child Protection Policy*

---

### **Index**

Definitions .....	4	Ministry Staff .....	4, 5, 8, 9, 10, 12
Employee .....	5, 6, 7, 11	Permission .....	8
Helper .....	5, 7, 8, 11	Off-site Activity .....	7
Injury		Program.....	7
Abusive .....	4, 10	Transportation .....	7
Accidental .....	4, 10	Scope .....	4
Incident Report.....	12	Sexual Abuse .....	6, 7
Sexual Abuse.....	4	Volunteer.....	5, 6, 7, 8, 10, 11

### **Forms**

The forms that accompany this policy are on the remaining pages.

# Grace Fellowship Church Children's & Youth Ministries

## Children/Youth Work Application

Personal

Name: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Age range: .       under 18       18–25       over 25

In which children/youth program(s) are you seeking to become involved?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Nursery       | <input type="checkbox"/> AWANA       |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Moppets       |                                      |

What skills would you bring to the children/youth program?

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What other children/youth work experience do you have? *(Please list)*

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

Been convicted of, or pleaded no contest to a felony?  Yes  No

Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

Are you aware of:

Having any traits or tendencies that pose any threat to children, youth, or others?  Yes  No

Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is "yes," you are welcome to explain in more detail on a separate page of paper.

(over)

# Grace Fellowship Church Children's & Youth Ministries

## Church Involvement

Are you a member of Grace Fellowship Church  Yes  No

What church or churches have you attended in the past five years?

Church Name	Pastor's Name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

## References (Other than relatives)

Name /Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Applicant Verification and Release

I recognize that the Grace Fellowship Church is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize Grace Fellowship Church, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications, and I waive my right to review these remarks.

I voluntarily release Grace Fellowship Church from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of Grace Fellowship Church, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Grace Fellowship Church Children's & Youth Ministries

## *Request and Authorization for Criminal Records*

I hereby request the necessary police departments and other law enforcement authorities to release any information that pertains to any record of convictions contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release the necessary police departments and other law enforcement authorities from any and all liability resulting from such disclosure.

---

Signature

---

Print name

---

Print maiden name if applicable.

---

Print all aliases

---

Date of birth

---

Social Security Number

---

Today's date

Record to be sent to:  
Grace Fellowship Church  
Attention: John Bowman  
15150 Oak Park Ave.  
Oak Forest, IL 60452

**Last updated: 11/1/03**

# Grace Fellowship Church Children's & Youth Ministries

## *Volunteers and Employees Renewal Application*

Personal

Name: \_\_\_\_\_ Daytime telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Age range: .       under 18       18–25       over 25

In which children/youth program(s) are you currently involved?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Nursery       | <input type="checkbox"/> AWANA       |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Moppets       |                                      |

In which children/youth program(s) are you seeking to become involved?

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Nursery       | <input type="checkbox"/> AWANA       |
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Moppets       |                                      |

Have you at any time ever:

Been convicted of, or pleaded no contest to a felony?  Yes  No

Engaged in, or been accused of, any child molestation, exploitation, or abuse?  Yes  No

Are you aware of:

Having any traits or tendencies that pose any threat to children, youth, or others?  Yes  No

Any reason why you should not work with children, youth, or others?  Yes  No

If the answer to any of these questions is "yes," please explain in detail:

(Please attach additional pages if more space is needed)

### **Applicant Verification and Release**

I recognize that the Grace Fellowship Church is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I have carefully read the policy and procedures of Grace Fellowship Church, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Grace Fellowship Church Children's & Youth Ministries

## Reference Response Information

Name: \_\_\_\_\_

Regarding: \_\_\_\_\_

To Whom it May Concern:

The above individual, who has expressed an interest in working with children or youth at Grace Fellowship Church, has listed you as a reference. In order for us to properly evaluate the qualifications of this ministry staff candidate, we would like you to complete this form with your honest opinions and impressions of the candidate. The candidate has authorized you to voice your true opinion and waived the right for him/her to be able to review your personal comments. Of course, in Christian love, if you have a personal grievance that you share on this form, we do ask you also personally bring the issue up with the candidate. Once completed, please return this form to our organization in the enclosed envelope. Thank you for your assistance in this regard.

1. How long have you known the above individual? \_\_\_\_\_

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.)  
\_\_\_\_\_

3. In your opinion, is the above ministry staff candidate fully qualified to work with children and youth?

Yes  No (If no, explain below)

4. What concerns, if any, would you have in allowing this individual to work with children or youth?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?  Yes  No (If yes, explain below)

Additional comments or explanations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form in the accompanying envelope at your earliest convenience.

Thank you.

**Last updated: 11/1/03**

# Grace Fellowship Church Children's & Youth Ministries

## Phone Interview Reference Form

Name of Reference: \_\_\_\_\_

Regarding: \_\_\_\_\_

Suggested Opening for telephone interview:

Hello, I am \_\_\_\_\_ from Grace Fellowship Church. \_\_\_\_\_ has given us your name as a reference to verify his/her character. He/she is seeking to be involved with the churches ministries that work with children or teens. If you have the time, I would like to ask you a few questions about him/her. I want to also assure you that he/she has waived his/her right to review your comments regarding his/her background or past ministry experiences or his/her right to.

1. How long have you known the above individual? \_\_\_\_\_

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.)

\_\_\_\_\_

3. In your opinion, is the above ministry staff candidate fully qualified to work with children and youth?

Yes  No (If no, explain below)

4. What concerns, if any, would you have in allowing this individual to work with children or youth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?  Yes  No (If yes, explain below)

Additional comments or explanations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_



# Grace Fellowship Church Children's & Youth Ministries

## ***Injury Response Directions***

If you deem necessary for the physical health of the injured, call 911.

If the injury involves a minor, proceed to the table below. If not, fill out the Injury Incident Report

<p>The injury was accidental and was not inflicted by a <a href="#">GFC</a> ministry staff person (paid or volunteer). ↓</p>	<p>The injury is sure to have been <b>accidentally caused</b> by a <a href="#">GFC</a> ministry staff person (paid or volunteer). ↓</p>	<p>The injury is suspected to have been <b>intentionally caused</b> by a <a href="#">GFC</a> ministry staff person (paid or volunteer) or was maliciously self-inflicted. ↓</p>
<ol style="list-style-type: none"> <li>1. Notify the ministry supervisor to be involved.</li> <li>2. The ministry supervisor should contact the injured person's parent explaining, what has happened, the condition of their child that they are welcome to come and care for their child.</li> <li>3. The Injury Incident Report should be completed by the ministry supervisor or an adult he or /she designates.</li> <li>4. Only release the child/teen on their own or to the party that brought him/her after the following has been done: <ul style="list-style-type: none"> <li>• The parents have been notified and have been given an accurate description of the injury.</li> <li>• The parents have waived the right to be present.</li> <li>• The child/teen has been observed not to have a condition that will worsen.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Notify the ministry supervisor to be involved.</li> <li>2. Contact an elder, preferably the elder that supervises the ministry.</li> <li>3. A volunteer other than the one involved should contact the injured person's parent(s) explaining, what has happened, the condition of their child that they are welcome to come and care for their child.</li> <li>4. The Injury Incident Report should be completed by the ministry supervisor or an elder.</li> <li>5. The volunteer should be available to meet with the parents upon their arrival, and should ask the parents if they would like to talk with an elder.</li> <li>6. Allow the parents to view the Injury Incident Report and to ask any questions.</li> <li>7. Follow whatever further care the parent(s) request(s) (i.e. calling 911 for emergency medical attention).</li> <li>8. Release the child/teen into the parent's supervision.</li> </ol> <p>Only release the child/teen on their own or to the party that brought him or her after the following has been done:</p> <ul style="list-style-type: none"> <li>• The parents have been notified and have been given an accurate description of the injury.</li> <li>• The parents have waived the right to be present.</li> <li>• The child/teen has been observed not to have a condition that will worsen.</li> </ul>	<ol style="list-style-type: none"> <li>1. Immediately separate the injured from the suspected ministry staff person.</li> <li>2. Notify the ministry supervisor to be involved.</li> <li>3. Contact an elder, preferably the elder that supervises the ministry.</li> <li>4. The elder should contact the injured person's parents parent explaining, what has happened, the condition of their child, and that they are welcome to come and care for their child.</li> <li>5. The Injury Incident Report should be completed by the ministry supervisor and the elder (if present).</li> <li>6. An elder will be available to meet with the parents upon their arrival.</li> </ol>

# Grace Fellowship Church Children's & Youth Ministries

## *Injury Incident Report*

Reporter's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time and Place of Injury	Date of Injury: _____ Time: _____ Location where it occurred: _____ _____
Person Injured	Name: _____ Age: _____ Address: _____ _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to Grace Fellowship church: . <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Other _____ If injury occurred at Grace Fellowship, for what purpose was the injured on the premises? _____ Supervisor or Director present _____ If injury occurred elsewhere, what connection did it have with the Grace Fellowship's operations or activities? _____
Full Description of Injury (continue on back if necessary)	

# Grace Fellowship Church Children's & Youth Ministries

## *Injury Incident Report*

<b>Witnesses</b>	Name: _____ Telephone: _____ Address: _____ _____ _____ Description of Incident:          Signature: _____
	Name: _____ Telephone: _____ Address: _____ _____ _____ Description of Incident:          Signature: _____

Signature of Reporter: \_\_\_\_\_ Date of report: \_\_\_\_\_

# Grace Fellowship Church Children's & Youth Ministries

## Generic Annual Registration Form

I, \_\_\_\_\_, am the parent or legal guardian of

Name of parent or guardian

\_\_\_\_\_, hereinafter, "my child/teen", who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of minor

Date of birth

My child/teen is attending and participating in the activities of Grace Fellowship Church located at 15150 Oak Park Ave. in the city of Oak Forest, IL beginning on the day of \_\_\_\_/\_\_\_\_/\_\_\_\_.

I give permission for my child/teen to participate in the activities connected with \_\_\_\_\_ for the school year of \_\_\_\_\_. I understand that my child/teen may participate in various physically challenging games, eating food, \_\_\_\_\_ and has been advised act responsibly in all the above activities. If I have deemed any of the above activities as being disallowed for my child/teen, I have or will communicate that to my child/teen and leave the responsibility of abstaining from such activity to my child/teen.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Grace Fellowship and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child/teen or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I understand that images in the form of pictures and or videos may be recorded of my child/teen in the above stated settings. I give permission for these to be displayed and/or distributed in relationship to the promotion and/or review of a Grace Fellowship Church activity.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the States of Illinois and Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

In the event of an emergency and when I cannot be contacted, I also hereby authorize a representative of Grace Fellowship Church, into whose care my child/teen has been entrusted, to consent to medical care or dental care, or both, for my child/teen.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child/teen. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child/teen.

In the event of an emergency and when I cannot be contacted, I also further hereby authorize a representative of Grace Fellowship Church, to receive physical custody of my child/teen upon completion of any treatment.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child/teen's care, upon advice of such physician, dentist, and surgeon.

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

# Grace Fellowship Church Children's & Youth Ministries

Signature of parent or legal guardian

# Grace Fellowship Church Children's & Youth Ministries

## Contact/Medical Information

\_\_\_\_\_  
Parent / guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Medical / health insurance company

\_\_\_\_\_  
Insurance policy number

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Phone number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of last tetanus shot

\_\_\_\_\_  
Emergency contact Relationship to minor

\_\_\_\_\_  
phone #

\_\_\_\_\_  
Secondary emergency contact

\_\_\_\_\_  
Relationship to minor

\_\_\_\_\_  
phone #

\_\_\_\_\_  
Allergies (including food) / allergic reaction of my child/teen

\_\_\_\_\_  
Medicine being taken by my child/teen

\_\_\_\_\_  
Other information regarding my child/teen health that a doctor should know

Please describe any destructive or threatening tendencies that you know of your child/teen to have.