

Safety First

Protecting Children, Youth,
and Vulnerable Adults at
Aiken's First Baptist Church

Procedure
January 2023

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Definitions

Adult – Individual age 18 or above.

Allegation – Any reported incident that involves an accusation of abuse or harassment.

Child – Individual from birth through 5th grade.

Child Sexual Abuse – “Any sexual activity with a child – whether in the home or by a caretaker, in a day care situation, a foster/residential setting, or in any other setting, including on the street by a person unknown to the child. The abuser may be an adult, an adolescent or other child, provided the child is four years older than the victim” (National Resource Center on Child Sexual Abuse).

Employee – A church worker who is compensated by the church for their services.

Safety First – The name of Aiken’s First Baptist Church program for assuring the safety and health of children, youth, and vulnerable adults who participate in church programs.

Volunteer Worker – Adult volunteer workers have active leadership roles with children, youth, and vulnerable adults. The adult volunteer workers must be approved to be assigned. Approval requires at least six (6) months active church participation, criminal record background checks, and completion of training.

Two-Person Rule – One of our strongest safety measures is when a minimum of two (2) adult workers are present at all times for a ministry event.

Youth – Individual from 6th grade through 12th grade.

Vulnerable Adult – Anyone over the age of 18 years who may be unable to protect themselves from abuse, harm, and exploitation, which may be by reason of illness, age, mental illness, disability, or other types of physical or mental impairment.

Policy Statement

Aiken's First Baptist Church (AFBC) is committed to maintaining a safe and healthy environment where children, youth, and vulnerable adults can learn about and experience God's love. It is the goal of the church to provide appropriate supervision for all church-sponsored activities and to minimize risk in all church spaces where children, youth, and vulnerable adults might be. All church employees and volunteers who work with children, youth, and vulnerable adults must be approved and trained prior to beginning their duties and responsibilities.

Principles of Supervision

1. As risk increases, supervision should also increase. Simple supervision is adequate for low-risk activities, but higher-level supervision (like the 2-person rule) is necessary for higher risk activities.
2. Risk increases as isolation increases. When possible, avoid isolation. Treat any activity that is located off church property, or any activity located on church property, but at a time or location that is isolated, as higher risk. One example is if you find yourself alone with a child, youth, or vulnerable adult, find another approved volunteer worker to join you. If possible, leave the door open or ensure that there is a window in the room whereby a second worker can observe line-of-sight or sound.
3. Risk increases as accountability decreases. The personal character and integrity of adult workers is established through the screening, approval, and training program. Having multiple adult workers present for any activity decreases the risk of isolation and helps maintain a balance of power and control. One example is that all events operate under an open-door policy. Any staff member or parent is welcome to observe at any time without notice.
4. Risk increases when there is an imbalance of power, authority, influence, and control between a potential abuser and a potential victim. One example is having a senior in high school room with a seventh grader creates an imbalance of power and increases risk. Another example is having 2 adult workers in each classroom reduces the imbalance of power and decreases risk.

5. Risk increases when adults who are not screened, approved, and trained are allowed to be present. Except for adult family members, adults who are not screened, approved, and trained should not remain in the area of activities. Adult family members are not automatically considered assignable as part of the 2-person rule. They must be screened, approved, and trained to be assigned as one of the 2-persons.

Ministry Workers

1. Church Employees – All employees will meet the requirements of the Personnel Committee for employment. References provided in the application will be checked. As part of the hiring process for all full-time and part-time employees, appropriate background check(s) will be required.
2. Volunteer Worker – Adult volunteer workers must be approved to be assigned. Approval will require at least six (6) months active church participation, criminal record background check, and completion of training. Criminal record checks must be repeated every five (5) years. When background checks reveal something that requires follow-up, the Pastor, Minister/Director of the Program area, and the Deacon Chair will evaluate and come to a conclusion regarding whether the volunteer is qualified or disqualified. Unapproved (minor volunteers) are important to the life of our ministries, but they are not screened, trained, and approved and cannot be used as one of the workers when the 2-person rule is required.
3. Temporary Employees/Interns – Temporary employees (like children and youth summer interns) must be approved. Approval will require appropriate screening, criminal record background check, and completion of training.

Two-Person Rule

One of the primary and strongest safety measures is use of a two-person rule. A minimum of two (2) adult workers should be present at all times when children, youth, or vulnerable adults are present in the church for a ministry event or service. This accomplishes two important objectives. First, it reduces the risk of incidents of abuse. Second, it reduces the risk of unfounded allegations of abuse. This safety measure also applies for authorized events conducted away from the church campus. Where impractical to maintain two adult workers in every isolated space, compensatory measures should be applied to ensure clear access and visibility (open doors and clear windows) and adequate adult workers in close proximity to the children, youth, or vulnerable adults. It is understood that despite staff and volunteer worker's best efforts to plan for and execute the two-person rule, there will be times when it is not possible. When this occurs, the staff member or volunteer worker should safely conduct the planned program and afterwards report to the Pastor (for a staff member) or to the staff person responsible for the program (for the volunteer worker).

Staff and Private Counseling

Counseling of children, youth, and vulnerable adults is an important staff function. Balancing safety measures with effective counseling is an important objective. Strict compliance with the 2-person rule will not always be practical. The staff will arrange for there to be visibility (windows on doors for rooms where private counseling is done) and for there to be a second adult aware and nearby. A second adult should be aware that individual counseling is going to occur and be within earshot. For some of our staff offices that could at times be isolated, it may be appropriate to move the counseling session to another, less isolated location.

Restroom Assistance

If a restroom is not available in each space, take children in groups. Apply line-of-sound for children (In other words, the worker should be able to hear the child, but not see the child). If assistance by the child is necessary, maintain stall doors open. For vulnerable adults who need assistance in the restroom, apply the same concepts.

Overnight Events

Segregating workers reduces the risk of adult on child/youth abuse but increases the risk of abuse by youth or child. For dormitory or hotel style sleeping arrangements, workers should have separate sleeping quarters, but still be able to supervise. Children/youth of the same gender and similar ages should room together. Privacy for restroom and showering should be maintained. A minimum of two workers should be present for room and bed checks. For bunkhouse style sleeping arrangements, two workers of the same gender should be assigned to each bunkhouse. Privacy and modesty should be maintained.

Transportation

Apply the 2-person rule during transportation. The worker who is not driving should monitor and enforce good behavior.

Annual Permission Forms and Handling of Medications During Overnight Trips

The parents of children and youth fill out a participation form at the beginning of each school year with basic safety information, including medical conditions and authorization to administer over-the-counter medication. The forms are attached to the end of this procedure for information. For cases where prescription medication needs to be administered during overnight trips, there is a unique form that provides step-by-step guidance. The form is included at the end of this procedure for information. In general, for each trip, the parent completes the form providing medication and administration instructions. The Children or Youth Minister designates one specific adult chaperone to oversee handling of medications, administration, and recordkeeping for administration.

Sign-In and Sign-Out of Preschoolers

A system of sign-in and sign-out will be implemented for children ages 0-5 years. The system will include tagging that connects the parent to the child, the child's diaper bag, and any special instructions for workers (e.g., allergies).

Worker Badges

For children (all ages through 5th grade), workers will wear badges identifying them as authorized by AFBC to care for children. These badges are needed primarily to assure visiting parents who are about to drop-off their child that AFBC takes child safety seriously and the volunteer workers are authorized to care for their children.

Social Media and Online Interactions

It is important to maintain healthy boundaries between staff, workers, and youth with respect to social media. The goal is to maintain transparency during appropriate communication. For Staff, private message chains are appropriate, if authorized by the parents. For volunteers, private message chains are discouraged. Organizational group communication by social media is appropriate. Staff and workers should be cautious about what they post on their personal social media. "Following" or "friending" of youth by staff or workers must be done very thoughtfully and only after there is an established relationship. Once per year, youth will be reminded by the Youth Minister of the importance of supporting these social media policies through their own actions.

Interaction Outside of AFBC Sponsored Programs and Events

Contacts by staff and workers for activities not sponsored by AFBC (coaching, babysitting, mentoring, music lessons, etc.) should be done with great care. Parents should be aware and provide permission. Inappropriate interaction examples include taking the child/youth to an activity without parent permission, visiting a child/youth at their home without parent permission, and entertaining a child/youth in the staff or worker home without parent permission. If outside contact becomes unavoidable, the staff or worker should make the parent aware immediately and inform a supervisor (Pastor for the staff and Children or Youth Minister for the worker).

Requirements for Organizations Other Than AFBC to Use AFBC Facilities

We welcome community organizations to use our facilities. Those organizations must either have their own child/youth protection procedure and submit it to AFBC for review and approval or else comply with our procedure. The outside organization must agree to sign our acknowledgement and liability release form.

Reporting Allegations of Abuse

1. Incidents of abuse or reasonably suspected incidents of abuse of children, youth, or vulnerable adults will be reported as soon as possible (and at least within 24 hours) to the Department of Social Services (DSS) of Aiken County and to the Senior Pastor of AFBC. Typically, volunteers will report the incident to the Staff for follow-up, but volunteers are authorized to report directly to DSS if circumstances warrant. Reports will initially be made orally and then in writing (see Report of Suspected Incident of Child Abuse in the Forms section). The Senior Pastor will share the report with the minister or director providing direct oversight of the child, youth, or vulnerable adult involved and the deacon chair.
2. The person reporting the incident will document, in writing, all known facts and circumstances. The Senior Pastor will also make a report that documents all steps taken in the course of handling the reported incident.
3. Reports from persons requesting to remain anonymous will be made by telephone in the presence of a witness of the reporter's own choosing to verify the filing of the oral report.
4. All adult members of AFBC, staff, and other adults participating in programs on the property should be sensitive to the potential for abuse of children, youth, or adults with disabilities. The Church must be supportive of individuals who in good faith make reports of incidents or reasonably suspected incidents of abuse. All reports must be taken seriously. Adequate care and respect must be offered to alleged victims and alleged perpetrators until the allegation can be substantiated or cleared.
5. Organizations that use the facilities of Aiken's First Baptist Church must comply with the following procedures:
 - a. Organizations that have reporting procedures of their own will follow those established reporting procedures. A copy of their reporting procedures should be submitted to the church office, in addition to a signed Liability Release form (see Forms) that releases Aiken's First Baptist Church from any liability of injury or abuse occurring at the church facility. In addition to following their own reporting procedures, any organization that uses the facilities of AFBC will also notify the Senior Pastor or his/her designee as soon as possible about any incident or suspected

incident of abuse involving any person affiliated with such organization and who uses AFBC facilities or about any incident or suspected incident occurring at the facilities of AFBC.

b. Organizations that use the facilities of Aiken's First Baptist Church and do not have reporting procedures of their own shall follow the reporting procedures outlined in the AFBC Safety First policy. An official representative from the organization must sign a form of acknowledgment and agreement to the Safety First Policy.

6. The confidentiality of all persons involved will be safeguarded.

Responding to Allegations of Abuse

1. Every allegation will be taken seriously. AFBC will strive to provide adequate care and respect to alleged victims and alleged perpetrators until the allegations can be substantiated or cleared.
2. All procedures listed in the previous section will be strictly followed.
3. All records relating to the matter will be maintained in confidential files.
4. All efforts in handling the situation will be carefully documented.
5. The parents/guardians of the suspected victim will be notified immediately.
6. The liability insurer and attorney for the Church will be notified of the incident within 24 hours by the Senior Pastor or his/her designee.
7. The safety and security of the child, youth, or adult with disabilities must be safeguarded before the person accused of abuse is confronted.
8. An in-depth investigation will be carried out by the civil authorities and/or law enforcement authorities rather than church personnel.
9. The Senior Pastor or his/her designee will be the sole spokesperson for the Church insofar as media inquiries are concerned.
10. Any person accused must be treated with dignity and support. That person will be immediately relieved of further responsibilities until the investigation is completed and allegations are cleared or substantiated.

Training

1. This procedure contains all of the safety measures that are required by the Safety First program. There is a companion Training Guide that provides additional information that is helpful for staff and volunteer workers.
2. Volunteer workers who have been screened by background checks are approved to be assigned by reading the Training Guide and reviewing the Safety First Procedure with the Minister/Director of their program area.
3. Information about the Safety First program will be included in new member orientation.
4. The Procedure and Training Guide are initially approved and when necessary, revised by the Children Council, Youth Council, and Deacons. As is customary, the initial procedure and changes will be coordinated with the Church Council.

Forms

1. Acknowledgement by Volunteers and Workers That They Have Been Trained
2. Report of Suspected Incident of Abuse
3. Acknowledgement of Policy and Release of Liability for Outside Organizations Using AFBC Facilities
4. Background Check Authorization
5. Children's Permission/Medical Information
6. Youth Permission/Medical Information
7. Consent Waiver and Medical Authorization
8. Medication Consent Form and Medication Record

Acknowledgement by Volunteers and Workers That They Have Been Trained

I, _____, have received a copy of the Safety First Procedure and Training Guide and acknowledge that I have read, understand, and will comply with all the contents therein.

Signature: _____

Date: _____

REPORT OF SUSPECTED INCIDENT OF ABUSE

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse: _____

2. Victim's name: _____

Victim's age/date of birth: _____

3. Date of initial conversation with/report from victim: _____

Place of initial conversation with/report from victim: _____

4. Victim's statement (give your detailed summary here):

5. Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other):

6. Reported to Senior Pastor:

Date/time: _____

Summary: _____

7. Call to victim's parent/guardian:

Date/time: _____

Spoke with: _____

Summary: _____

8. Call to local children and family service agency:

Date/time: _____

Spoke with: _____

Summary: _____

9. Call to local law enforcement agency:

Date/time: _____

Spoke with: _____

Summary: _____

10. Other Contacts:

Date/time: _____

Spoke with: _____

Summary: _____

Signature of Incident Reporter/Date

Acknowledgement of Policy and Release of Liability for Outside Organizations Using AFBC Facilities

We believe that Aiken's First Baptist Church (AFBC) is called to provide a safe, loving and secure environment for all children, youth, and vulnerable adults.

As an outside organization using the facilities at Aiken's First Baptist Church, we seek to create a safe and nurturing environment and to establish healthy relationships with the children, youth, and/or adult with disabilities while under our care on the campus of Aiken's First Baptist Church. To ensure that every person is safe from abuse or neglect, we will:

- Observe the two-person rule;
- Observe the open-door policy;
- Display affection appropriately and respect others' boundaries;
- Release the child, youth, or adult with disabilities to authorized person(s) only;
- Refrain from any use of alcohol, drugs, tobacco, profanity, or inappropriate language;
- Report any signs of injury or possible abuse to AFBC as quickly as possible.

We have:

Provided a copy our organization's Child Protection Policy and will abide by it or we will implement the AFBC Safety First Policy in its entirety and agree to abide by it. We understand and agree that neither Aiken's First Baptist Church, nor its trustees, representatives, or employees, may be held liable in any way for an occurrence in connection with the Activity which may result in injury, harm, or other damages to the undersigned or members of our organization and guests, invited or not. Rather, I/We agree that our Organization alone shall be responsible for any property damage, personal injury or death that may occur during our use of the premises.

As part of the consideration for being allowed to use this facility and grounds as well as all appliances and fixtures in the activity, we release AFBC, its trustees, representatives, or employees from any claim for damages, injury or death which may occur while participating in the Activity. We further agree to save and hold harmless AFBC, its trustees, representatives, or employees from any claim arising out of or participation in any form or fashion in the Activity.

We represent that our organization has general liability insurance with coverage limits of _____ in effect as of the date of the Activity.

We further state that _____ is authorized to sign this agreement; that we understand the terms herein are contractual and not mere recital; and that we have signed this document of our own free act and volition. We further state and acknowledge that we have fully informed ourselves of the content of this affirmation and release by reading it before we signed it.

Most importantly, we will treat every child youth, or adult with disabilities with dignity and respect, acknowledging every person as a beloved child of God.

We, _____, do hereby agree to this covenant freely and willingly and I sign this document on _____ (date).

Signed by _____ (organization representative)

Witnessed by _____ (AFBC representative)

CONFIDENTIAL

**Aiken's First Baptist Church
Background Check Authorization**

Print Name: _____
(First) (Last)

Maiden Name: _____

Social Security Number: _____

Date of Birth: _____ **Gender:** _____
(Month) (Day) (Year)

The information contained in this application is correct to the best of my knowledge.

As a present or prospective staff or volunteer Aiken's First Baptist Church, I understand it is the church's policy to secure criminal history information as part of their screening process using the information provided above. I, the undersigned, authorize Aiken's First Baptist Church to conduct a criminal background check through the South Carolina Law Enforcement Division (SLED). I understand I have the right to review and challenge any negative information that would adversely impact a decision to offer employment/volunteer work. In addition, I understand that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the church/division.

Signature: _____ Date: _____

Preschool Permission/Medical Information

Older Preschoolers (3+ years old)

_____ has my permission to participate in ALL Children's activities, choirs, mission organizations, special events and Sunday school during _____ that are sponsored by Aiken's First Baptist, Aiken, South Carolina.

Child's DOB _____ / _____ / _____ Age _____

School _____ Grade _____

Mailing Address: _____

IN CASE OF EMERGENCY:

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

If Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Cell #: _____ Other: _____

MEDICAL INFORMATION

Knows how to swim	Y	N
Tetanus shot up to date (include date)	Y	N

Any reaction to insect bites/stings	Y	N
Asthma	Y	N
Any reaction to sun/sunburn	Y	N

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone # _____

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

I certify that the above information is true and correct to the best of my knowledge and will make the Children's Ministry/Staff of Aiken's First Baptist aware of any changes.

Parent or Legal Guardian

Date

Consent Waiver and Medical Authorization

RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation of _____ in the Church sponsored activity described in the accompanying **CONSENT FORM & MEDICAL INFORMATION** in consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Aiken's First Baptist Church, Aiken, South Carolina, the ministers, the staff, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child, my spouse, and I **release** Aiken's First Baptist Church, its ministers, staff, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**. This release specifically covers and **releases** any and all claims against Aiken's First Baptist Church, its ministers, employees, and Church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** Aiken's First Baptist Church, its ministers, employees, and Church members against any claim by me, or by my spouse, or by my child, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's participation in this activity and consent to full participation by my child/children.

4. I further authorize Aiken's First Baptist Church, its ministers, staff, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Aiken's First Baptist Church for this medical care.

Parent or Legal Guardian

Date

PHOTO PERMISSION

I grant permission for my child's photo and name to be used on AFBC's website and other media outlets.

Parent or Legal Guardian

Date

PERMISSION TO PICK UP

The following people are granted permission to pick up my child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Parent or Legal Guardian

Date

Children's Permission/Medical Information

Students 1st – 5th Grades

_____ has my permission to participate in ALL Children's activities, choirs, mission organizations, special events and Sunday school during _____ that are sponsored by Aiken's First Baptist, Aiken, South Carolina.

Child's DOB _____ / _____ / _____ Age _____

School _____ Grade _____

Mailing Address: _____

IN CASE OF EMERGENCY:

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

If Parent/Guardian cannot be reached:

Name: _____ Relationship: _____

Cell #: _____ Other: _____

MEDICAL INFORMATION

Knows how to swim	Y	N
Tetanus shot up to date (include date)	Y	N

Any reaction to insect bites/stings	Y	N
Asthma	Y	N
Any reaction to sun/sunburn	Y	N

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone # _____

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

I certify that the above information is true and correct to the best of my knowledge and will make the Children's Ministry/Staff of Aiken's First Baptist aware of any changes.

Parent or Legal Guardian

Date

Consent Waiver and Medical Authorization

RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation of _____ in the Church sponsored activity described in the accompanying **CONSENT FORM & MEDICAL INFORMATION** in consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Aiken's First Baptist Church, Aiken, South Carolina, the ministers, the staff, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child, my spouse, and I **release** Aiken's First Baptist Church, its ministers, staff, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**. This release specifically covers and **releases** any and all claims against Aiken's First Baptist Church, its ministers, employees, and Church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** Aiken's First Baptist Church, its ministers, employees, and Church members against any claim by me, or by my spouse, or by my child, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's participation in this activity and consent to full participation by my child/children.

4. I further authorize Aiken's First Baptist Church, its ministers, staff, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Aiken's First Baptist Church for this medical care.

Parent or Legal Guardian

Date

PHOTO PERMISSION

I grant permission for my child's photo and name to be used on AFBC's website and other media outlets.

Parent or Legal Guardian

Date

PERMISSION TO LEAVE ON OWN

I grant permission for my child to leave Sunday School, Mission Organizations and Children's Choirs on their own, and will arrange a place to meet them.

Parent or Legal Guardian

Date

YOUTH PERMISSION / MEDICAL INFORMATION

Students

_____ has my permission to participate in ALL Youth activities, retreats, camps, mission trips, weeknight & Sunday evening events and Sunday school during _____ that are sponsored by Aiken's First Baptist, Aiken, South Carolina.

Youth DOB _____ / _____ / _____ **Age** _____

School _____ **Grade** _____

Youth cell phone # _____

Youth email _____

Youth T-Shirt Size _____ **(adult sizes)**

Mailing Address: _____

IN CASE OF EMERGENCY:

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

Parent/Guardian's name: _____

Parent/Guardian's cell: _____ Parent/Guardian's work #: _____

Parent/Guardian's email: _____

If Parent/Guardian cannot be reached:

Name: _____ Relationship: _____ Cell #: _____

Other: _____

MEDICAL INFORMATION

Knows how to swim Y N

Tetanus shot up to date (include date) Y N

Any reaction to insect bites/stings Y N

Asthma Y N

Any reaction to sun/sunburn Y N

Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone # _____

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

I certify that the above information is true and correct to the best of my knowledge and will make the Youth Ministry staff of Aiken's First Baptist aware of any changes.

Parent or Legal Guardian

Date

Consent Waiver and Medical Authorization

RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES

I have consented to participation of _____ in the Church sponsored activity described in the accompanying **CONSENT FORM & MEDICAL INFORMATION** in consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Aiken's First Baptist Church, Aiken, South Carolina, the ministers, the staff, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

5. My child, my spouse, and I **release** Aiken's First Baptist Church, its ministers, staff, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**. This release specifically covers and **releases** any and all claims against Aiken's First Baptist Church, its ministers, employees, and Church members for their own negligence.

6. I agree, and I hereby bind my estate, to **indemnify** Aiken's First Baptist Church, its ministers, employees, and Church members against any claim by me, or by my spouse, or by my child, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**, including any costs or attorneys' fees which are incurred by them.

7. I assume any risks and hazards incident to my child's participation in this activity and consent to full participation by my child/children.

8. I further authorize Aiken's First Baptist Church, its ministers, staff, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Aiken's First Baptist Church for this medical care.

Parent or Legal Guardian

Date

PHOTO PERMISSION

I grant permission for my child's photo and name to be used on AFBC's website and other media outlets.

Parent or Legal Guardian

Date

Medication Consent Form and Medication Record

Student's name: _____

In case of emergency, please contact:

Name 1		Name 2	
Phone 1		Phone 2	

It is Aiken's First Baptist policy to keep ALL prescription (Rx) and over-the-counter (OTC) medications in a secure place with the designated chaperone. At check-in, parents and participants MUST give all medications to staff and medications MUST be sent in original bottle/container in a labelled Ziploc type bag.

Please list all allergies including medication and/or first aid supply allergies:

Please list all information for each medication to be administered by a chaperone during the trip.

Name of medicine	Dose (amount)	Dose (instructions)	Last dose administered?

The following OTC medications (or generic equivalent) are available from a chaperone. Please indicate if you give permission for your student to take these medicines 'as needed' by checking yes or no. Only medicines that are checked 'yes' and determined to be necessary will be administered at the discretion of the chaperone/staff. Administration of these medicines will be per label instructions unless otherwise indicated by your physician.

Tylenol (discomfort/fever) ___ yes ___ no

Ibuprofen (discomfort/fever) ___ yes ___ no

Throat Lozenges ___ yes ___ no
(throat irritation, cough)

Benadryl (allergies) ___ yes ___ no

Cortizone Cream (skin irritation) ___ yes ___ no

Visine (eye irritation) ___ yes ___ no

Pepto Bismol (stomach upset) ___ yes ___ no

Tums (heartburn/upset stomach) ___ yes ___ no

My child and I have been informed of and understand the following policies regarding the use of 'as needed' medication.

1. Students are responsible for informing a chaperone that they need to take 'as needed' medication.
2. Students may not share ANY medication with other students and may not sell their medication to other students.

 Parent/Guardian Name (printed) Parent/Guardian signature Date

FOR CHAPERONE USE

Name of medication _____

Date	Date	Date	Date	Date
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Name of medication _____

Date	Date	Date	Date	Date
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Name of medication _____

Date	Date	Date	Date	Date
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM