

# West Side Baptist Church

1008 SW 4th St. | Topeka, KS 66606 | Phone (785) 233-4241

## Children & Youth Ministry Health Information Form

EFFECTIVE AUGUST 1, 2017 TO AUGUST 31, 2018

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Primary Address \_\_\_\_\_  
Street/Apt. # \_\_\_\_\_ City Name \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Grade \_\_\_\_\_ Shirt Size: \_\_\_\_\_ (Example: Child Small)

Transportation: does your child need transportation to/from church?      Yes      No

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Church Home (Member or Attend): \_\_\_\_\_

**Keeping Kids Safe: Is there anyone who should NOT pick up or have contact with your child?\***

\_\_\_\_\_  
\*Provide a copy of all court issued orders of protection, child protective services orders, etc.

### Medical Care Contact and Insurance Information:

Medical Insurance Company \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Allergies, Medical Conditions, and/or Medications: \_\_\_\_\_

\_\_\_\_\_  
**Important Information** (fears/phobias, special needs, likes/dislikes, food to avoid, limitations, etc.): \_\_\_\_\_

\_\_\_\_\_  
**(COMPLETE BOTH SIDES)**

**Expectations and Student Conduct** - West Side Baptist Church (the Church) uses the acronym **S.O.A.R.** to help our participants and volunteers understand our behavior expectations. These expectations begin from the minute a student is picked up or walks in the Church to the minute the child leaves the Church. Students are expected to: **Stay Safe, Own Behavior, Act Responsibly, and Respect All (persons and property).**

**Discipline Policy** - If a student behaves in a way that does not follow the SOAR guidelines, she or he will be given a verbal warning (i.e., a strike) by an adult. An adult leader will talk to the student about why she or he received the warning or "strike." If the student continues to behave in a way that does not follow one or more of the SOAR guidelines, she or he will be given a second verbal warning (i.e., a strike) by an adult. An adult leader will talk to the student about why she or he received the warning or "strike." If a child receives three verbal warnings (i.e., "strikes-out") in one evening, an adult will call the parent/guardian to arrange transportation to the parent/guardian. The student will be suspended from participating in the program for two-program-weeks. If a student "strikes-out" three times in one semester, she or he will be suspended from the program until the start of the next semester (January 1, May 1 or September 1). Every student reserves the right to remove themselves from any activity, discussion, or event for safety and conscience. If a parent/guardian desires to limit a child's participation in any event, please submit instructions in writing to the leader prior to the scheduled event. The Church complies with the Civil Rights Act of 1964 and with all other federal, state and local laws. The Church does not discriminate on the basis of age, color, disability, gender, marital status, national origin, race, religion, sex, veteran status, or any other protected classifications.

**Parent/Guardian Consent and Agreement** - In consideration of my child's (named above) opportunity to participate in West Side Baptist Church's (the Church) activities and programs, I acknowledge and accept the inherent risks of injury associated with participation and transportation to/from all activities and programs of the Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of the Church or during transportation to/from such activities and programs, as well as for medical treatment rendered to my child that is authorized by the Church, its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care. I release and promise to indemnify, defend, and hold harmless the Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of the Church, and/or transportation to and from such activities and programs, whether such injury result from the negligence of the Church, my child, or otherwise.

I hereby give my permission for my child listed above to ride the van, bus, or other vehicles used for church functions, under adult supervision.

I acknowledge photographs are sometimes taken of activities for publicity and promotional purposes, which include, but are not limited to: presentations, web sites, brochures, and newsletters. I give my permission for my child (or myself) to be photographed, and the photos to be used by the Church.

I give permission for my child to watch or attend a motion picture movie rated NR, G, or PG.

By entering my electronic signature below, I affirm that I have read and agree to the terms and conditions of this application. I acknowledge that in many US states, clergy and other professionals are **Mandatory Reporters** of child abuse (mental, physical, or sexual), neglect, or suspected harm. Mandatory reporting statutes in some states specify the circumstances under which a pastoral communication is "privileged" or allowed to remain confidential. Consult the Kansas Department for Children and Families, the U.S. Department of Health and Human Services, or an attorney for current requirements, statutes, and limits of privileged communication(s).

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_