

West Side Baptist Church

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

Children & Youth Ministry Health Information Form

EFFECTIVE AUGUST 1, 2022, TO MAY 31, 2023

Child's Name _____ Birth Date _____

Primary Address _____
Street/Apt. # _____ City Name _____ Zip Code _____

Emergency Number: _____ Cell Phone Landline

Shirt Size: _____ (Example: Child Small) Grade _____

Transportation: Does your child need transportation? Sun. & Wed. Wed. Only No

Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Telephone: Cell: _____ Home: _____

Permission to text: By checking this box, I give permission for West Side Baptist Church to text updates to the number above. Receive up to 4 msgs/month. Msg and data rates may apply. Text "STOP" to cancel.

Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Telephone: Cell: _____ Home: _____

Permission to text: By checking this box, I give permission for West Side Baptist Church to send text mgs to the number above. Receive up to 4 msgs/month. Msg and data rates may apply. Text "STOP" to cancel.

Keeping Kids Safe is a priority at West Side Baptist Church. 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, etc., to the Church Office.

Medical Care Contact and Insurance Information:

Medical Insurance Company _____

Insured's Name: _____ Policy or Group # _____

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 students and adult volunteers understand our behavior expectations. These expectations begin from the minute a student is picked up or walks on Church property, to the minute the child arrives home. 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 their first (1) verbal warning. **No physical discipline will be administered.** An adult leader will talk to the student about why they received the warning. If the student continues to behave in a way that does not follow one or more of the SOAR guidelines, he or she will be given a second (2) verbal warning. An adult leader will talk to the student about why he or she received the warning. If a student receives three (3) verbal warnings in one day, the child will “strike-out.” An adult will call the parent/guardian to arrange transportation to the parent/guardian at the family’s expense. The student will be suspended from participating in the program for two-program-weeks (two full sessions not counting breaks or holidays). If a student “strikes-out” three (3) 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). **All student reserves the right to remove themselves from any activity, discussion, or event for conscience or safety.** If a parent/guardian desires to limit a child’s participation in any event, please submit instructions in writing prior to the scheduled event. **The Church, staff, leaders, and volunteers do not engage in corporal punishment.** The Church complies with the Civil Rights Act of 1964 and with all applicable federal, state and local laws.

PARENT/GUARDIAN CONSENT AND AGREEMENT - In consideration of my child’s (named on reverse) opportunity to participate in West Side Baptist Church’s 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.

- **Transportation Consent** - 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 will expect my child to be safe by using a car seat and/or safety belt as required by law.
- **Photograph/Videography Consent** - I acknowledge digital-images and/or 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.
- **Motion Picture Consent** - I give permission for my child to watch motion picture movies rated NR, G or PG.
- **Mandatory Reporters Acknowledgement** - 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, and/or an attorney for current requirements, statutes, and limits of privileged communication(s).

By entering my electronic and/or physical signature below, I affirm that I have read, acknowledge, and agree to the terms and conditions of this form. You may cancel this agreement and withdraw your permission in writing to the Church Office at any time.

Parent/Guardian Signature _____ **Date** _____