# **COVENANT ANNUAL MEETING**

Covenant Kids Ministry - Medical Release

PERMISSION

### CHILD(REN) INFORMATION

LAST个 AGE and GRADE	FIRST↑		MIDDLE↑ FEMALE □	I give permission for the child(ren) listed on this medical release to participate in the Evangelical Covenant Church Annual Meeting Kids Ministry program, June 21 - June 24, 2012. I understand these ministries will be held at the Hyatt Regency Irvine and may include off site venues that could require travel by bus.
_LAST个 AGE and GRADE	FIRST↑	MALE 🗖	MIDDLE↑ FEMALE	<ul> <li>I further understand that:</li> <li>Parents/Guardians must sign their children in and out of their rooms.</li> <li>No child in the Kid's Ministry program will be dismissed except into the care of their parent/guardian unless we receive written consent from the parent/guardian to do otherwise.</li> <li>The ministry does not operate during lunch or dinner breaks.</li> <li>Parents/Guardians are responsible to provide diapers, milk, juice, change of clothes, etc. for infants and toddlers.</li> <li>For reasons of safety, we reserve the option of limiting the number of children due to space or staff limitations; or asking a child to remain with their parents/guardians because of illness, excessive tiredness, or inappropriate behavior.</li> <li>We appreciate your patience and cooperation in dropping off and picking up your child as soon as possible following Annual Meeting program elements, to ensure a safe and positive experience for your child(ren) and our staff and volunteers.</li> </ul>
LAST↑ AGE and GRADE	FIRST↑		MIDDLE↑ FEMALE □	
LAST个 AGE and GRADE	FIRST↑		MIDDLE↑ FEMALE □	
FAMILY INFORMATION				I, the undersigned, have legal custody of the child(ren) named above and have given my consent for him/her to attend events being organized by the Evangelical Covenant Church. I understand that there are inherent risks involved in any ministry in which children are involved. In the event that he/she is injured and requires the attention of a doctor, attempts will be made to notify me. If I am not available, I give permission to the
ADDRESS <sup>↑</sup>	STATE↑		ZIP↑	staff and leaders of Covenant Kid's Ministry to care for my child(ren). I also acknowledge that I will be ultimately responsible for the cost of any medi- cal care. Further, I affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge, still be in force for the child(ren) named above.
номе рнолет	STATET			PARENT/GUARDIAN SIGNATURE ↑
CELL PHONE(S)个				DATE↑
INSURANCE INFORMA	TION			
MEDICAL INSURANCE COMP	PANY个			POLICY #↑

#### **MEDICAL HISTORY**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Include medical conditions and allergies, as well as the names of medications and dosages that must be taken. Explain if your child(ren) should be restricted from any activities for any reason. Please write the child's name next to the notation if you have more than one child listed on this form. Use the space on page 2 of this form, or attach an additional page if more space is needed.

# **COVENANT ANNUAL MEETING**

## Covenant Kids Ministry - Toileting Consent

Because the Evangelical Covenant Church (ECC) seeks high safety standards to protect the children who participate in our programming, we are requesting your informed consent regarding your child's restroom or toileting needs while he/she is under the care of the Covenant Kids Ministries staff. Completion of the toileting consent is recommended for children preschool aged and younger, or those that knowingly need special assistance with restroom care and hygiene. The members of the staff of these rooms have been instructed and trained according to the Restroom Guidelines below. The staff and volunteer workers will take every reasonable precaution to provide a safe and healthy environment for all children while they are involved in the ministries of the ECC.

#### **STANDARDS & GUIDELINES**

#### **RESPONSIBILITIES OF PARENT(S):**

Parent(s) should "toilet" their child(ren) immediately prior to a scheduled Covenant Kids Ministry session.

- If the child is NOT toilet trained, Parent(s) must give written consent for a program worker to change the diaper of their child.
- If the child IS toilet trained, Parent(s) must give written consent for a program volunteer to escort the child to the restroom.

#### REST ROOM GUIDELINES FOR PROGRAM WORKERS:

- A child is escorted to the bathroom only upon their request or if the child shows obvious signs of needing to go. When possible, a "restroom break" may be considered, allowing several children to go at the same time.
- When a child is being escorted to the restroom, the class must be supervised by the other qualified worker(s).
- Spend as little time as possible in the bathroom.
- The program worker escorting the child is not to enter the child's stall unless absolutely necessary. When modesty permits, the worker should stand near the hall door entrance with the door ajar. Children should be encouraged to help themselves with procedures.
- If the child requests a worker's help in the stall, the worker should explain to the child how to help themselves. If the worker's help is essential, the worker should avoid direct contact with the child, and keep the stall door open. Use the "hand-over-hand" method. This technique enables the worker to place his/her hands over the child's hands in helping with fastening clothes, wiping skin and the like. The parent(s) should then be informed that extra help is needed at home teaching the child to use the facilities independently.
- Both worker and child should wash their hands thoroughly after toileting.
- Worker and child should return promptly to the Kids Ministry room.

### PERMISSION

hygiene:

CHILD (1) FULL NAME个					
CHANGE DIAPER	ESCORT TO RESTROOM				
CHILD (2) FULL NAME个					
CHANGE DIAPER	ESCORT TO RESTROOM				
CHILD (3) FULL NAME个					
CHANGE DIAPER	ESCORT TO RESTROOM				
CHILD (4) FULL NAME个					
CHANGE DIAPER	ESCORT TO RESTROOM				
I understand that the Covenant Kids Ministry staff will take the appropriate care and hygiene precautions for the diapering of my child(ren) if indicated above. I understand that my child should be capable of independently caring for his/her restroom needs as indicated above, but if requested, the worker may assist with basic tasks of care and hygiene.					
PARENT(/GUARDIAN NAME ↑					

I give permission, when necessary, for one program worker to provide the

care indicated below under the Restroom Guidelines of appropriate care and

PARENT/GUARDIAN SIGNATURE↑

DATE个

#### **ADDITIONAL NOTES:**