

# NOLENSVILLE FIRST UNITED METHODIST CHURCH

Nolensville, Tennessee

## SAFE SANCTUARY POLICIES AND GUIDELINES

This document, Safe Sanctuary Policies and Guidelines, is witness to the commitment of the staff and congregation of NFUMC to provide the safest possible environment in which children and adults can come together to worship and learn about God. The statements within this document are meant to be guidelines that establish an atmosphere of freedom within a caring community that has established boundaries for the safety of all persons.

We pray God's blessing upon this document and upon our church as we strive to provide a safe faith community for each of us to grow in our discipleship as followers of Jesus Christ.

March 29, 2008

Individual copies of this document are for informational purposes only. Forms will be available through the appropriate ministry leaders.

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## INTRODUCTION

In order to provide a safe and healthy environment for children and youth who participate in its programs and activities, Nolensville First United Methodist Church (NFUMC) has developed the policies and procedures contained in this guide. It is the goal of NFUMC to provide programs for children and youth, which instill Christ-like values and provide opportunities for witness and spiritual growth. In all our ministries with children and youth, NFUMC is committed to demonstrating the love of Jesus Christ so that each child will be "...surrounded by steadfast love, established in the faith, and confirmed and strengthened in the way that leads to life eternal." (Baptismal Covenant: Congregational Pledge 2, *United Methodist Hymnal*, 2001, p. 44).

## PURPOSE

As Christians, we are called to create a safe sanctuary in our church, its programs and sponsored activities. It must be a holy, safe and protective community for all of God's children. The purpose of this policy is to address the safety of our children and youth. We recognize the need to have a formal, written policy with procedures in place to (1) help prevent the opportunity for abuse of children and youth, (2) help protect workers from false accusations, and (3) to have an established procedure to report a suspected incident of child abuse. The following policy and procedures are not based on a lack of trust in workers, but are intended to protect our children, youth, workers, employees, volunteers and the entire church body.

This policy and its provision shall apply to all persons including all paid/unpaid staff and volunteers, whether lay or clergy who have any direct or indirect contact with children or youth who participate in any activity or event sponsored by NFUMC.

## COVENANT

As a Christian community of faith, we pledge to conduct the ministry of the gospel in ways that provide an environment for spiritual growth and safety of all children and youth in our care, as well as those who work with children and youth in the ministry.

We will follow the measures of this policy in the recruitment and selection of paid staff as well as volunteer workers with children and youth. We will implement the operational procedures of this policy. We will train and educate our staff and volunteer workers in the use of these policies. We will define and follow procedures for reporting a suspected incident of abuse that conforms to Tennessee State law. We will define and follow procedures for handling an allegation of abuse among staff or workers. We will be prepared to respond to media inquiries by following the policy of the Tennessee Conference of the United Methodist Church if an incident occurs.

## DEFINITIONS OF PAID STAFF AND VOLUNTEERS

“Paid Staff” is any person employed by Nolensville First United Methodist Church. “Volunteer” is any person 18 years of age or older who assists in conducting children’s or youth activities under the *supervision* of a person in charge of children’s or youth sponsored activities.

## DEFINITIONS OF ABUSE

Child abuse may include physical abuse, emotional abuse, sexual abuse, ritual abuse neglect and/or any other injury to a child as set forth in Tennessee Code Annotated §39-15-401 *et seq.*, or otherwise stated under Tennessee law.

## APPLICATION FOR VOLUNTEER SERVICES

All applicants will be considered and must be approved prior to working with children and youth using the following guidelines.

- I. All those wishing to volunteer in programs working with children and/or youth will complete a written application and are required to sign a Criminal Background Check consent form. All applications will be kept confidential and secured in the Church office. See **Nolensville First United Methodist Church Volunteer Application** (Appendix A) and **Criminal Background Check Consent Form** (Appendix B).
- II. An interview by SPPR or Authority designated by SPPR is required for paid staff positions. Volunteers will be interviewed by Ministry Area personnel.
- III. All applicants are subject to in-depth reference checks, a criminal background check and the screening process as defined below.
- IV. Volunteers working with children (birth to 18 years) must attend NFUMC for six months before they are eligible to begin a volunteer position. However, such individuals may begin the application, training and background check process at any time during that six-month period.

## SCREENING FOR VOLUNTEER SERVICES

CAREFUL SCREENING IS ONE WAY TO PREVENT THE ABUSE OF CHILDREN AND YOUTH. SCREENING CALLS FOR A CAREFUL GATHERING AND REVIEW OF INFORMATION IN SEARCH OF THOSE WHO CAN PROVIDE SAFE AND CARING SUPERVISION IN A SAFE ENVIRONMENT.

- I. Prior to employment or acceptance as a volunteer, the event leader in charge of an event or program shall direct each prospective applicant to an application and criminal background consent form. By signing the consent form, the applicant gives permission to the local

congregation leader(s) to contact references and perform the necessary investigation to complete the review of the application.

- II. NFUMC is responsible for conducting reference checks and screening. All checks will be done through the Kroll Agency.
- III. NFUMC reserves the right to turn away any person for service.

Persons having a criminal history of any of the following types of offenses shall not be allowed to serve in any children or youth focused ministry:

- 1. Child abuse, whether physical, emotional, sexual, or neglectful.
- 2. Violent offenses, including murder, rape, assault, domestic violence, etc.
- 3. Persons having a Criminal History of DUI or DWI conviction within the five (5) years immediately prior to application shall not be allowed to act as a driver.
- 4. Persons having a Criminal History of drug related conviction within the five (5) years immediately prior to application shall not be allowed to lead/or work in any event.

## TRAINING

All paid staff and volunteers shall receive regular training for work with children and youth. All paid staff and volunteers shall participate in continuing **Safe Sanctuary** updates and reviews.

- I. All paid and staff volunteers must complete a training class for **Safe Sanctuary**.
  - a. New training classes will be established as needed.
  - b. New training will be conducted by trained persons appointed by the **Safe Sanctuary** Committee.
  - c. The **Safe Sanctuary** Committee will conduct an annual review of Safe Sanctuary Policies for paid/unpaid staff and volunteers.
- II. Paid staff and volunteers may be required to complete a basic first aid training class and complete certification in CPR.

## SUPERVISION

All activities involving children and youth shall be supervised. (1) Supervision shall consist of at least 2 or more unrelated, approved paid staff and/or volunteers (2) and /or the use of a room that has visibility from a window or glass paneled door.

- I. In the event that a worker must momentarily leave an activity or room, leaving only one worker with the activity, the entrance door to that space being used shall remain open.

- II. All classrooms and offices where children or youth are present shall have a window to the corridor for observance at any time, or the door to the space shall remain open.
- III. Parents, guardians, and others who have not been screened are always welcome to participate in activities involving their children and youth in conjunction with approved volunteer and paid staff members as long as these parents, guardians, or others who have not been screened are not in direct supervision.

## DISCIPLINE

We believe that discipline is based on the dignity and worth of each person as a child of God. Discipline reinforces positive behavior, provides choices, sets realistic limits and provides reasonable and natural consequences. We believe discipline should provide guidance with love, trust, understanding, acceptance and care; therefore, helping people become aware that they are created by God and their behavior should be pleasing to God.

Discipline must be consistent for any child or youth, 18 years old or younger; appropriate to his or her level of understanding; and directed toward teaching acceptable behavior and self-control.

The following guidelines will be followed regarding discipline:

1. When inappropriate or unacceptable behavior is exhibited, steps will be taken to stop the behavior and to keep all participants safe:

- Step 1: Person exhibiting behavior will be asked to stop observed behavior by the person(s) in charge of program/activity.
- Step 2: Person is removed from the activity for a short time and the staff person in charge discusses situation with them.
- Step 3: If behavior continues, person is separated from the group. The parent is called by the paid staff person or volunteer in charge and the parent may be asked to immediately come to pick up the person. The pastor is notified of the situation.
- Step 4: The staff and pastor will determine if further disciplinary action is necessary, including notification to appropriate governmental agencies when necessary.

If necessary for the safety of others, Steps 1 and 2 may be skipped.

2. In order to make the programs safe and enjoyable for all attending, the following behavior problems may result in disciplinary action and or dismissal from a program:
  - A. Attempting to threaten or causing physical injury to another person.
  - B. Causing or attempting to cause damage to the property of others.
  - C. Stealing or attempting to steal from others.
  - D. Committing an obscene act or engaging in habitual profanity or vulgarity.

- E. Disrupting any church activity or otherwise willfully defying the valid authority of the staff at NFUMC.
- F. Possessing any knife, firearm, or any weapon.
- G. Unlawfully possessing or using alcohol, drugs (illegal or over the counter medicine), tobacco, or any product containing tobacco or nicotine.

## ACCIDENTS

- I. All incidents of injury shall be investigated, documented, and reported as set forth below:
- II. The paid staff member or volunteer in charge of a group of children or youth is responsible for completing an accident report in a timely manner, (see Appendix C) for an injury accident. The report is to be signed by the supervisors.
- III. Accident reports will be filed for future reference, in locked file cabinet in the church office.
- IV. The parent or legal guardian will be notified of the accident by the paid staff member and notification is to be documented.
- V. The pastor or staff/committee will promptly notify local authorities (medical personnel, etc.) when required or appropriate.

## INCIDENTS

All incidents of suspected abuse or neglect shall be documented and reported.

- I. The paid staff member or volunteer in charge of a group of children or youth is responsible for completing, in a timely manner, an **Incident Report** (see Appendix D) following any incident of suspected abuse or neglect.
- II. All incident reports will be reported to appropriate local authorities (law enforcement, social services, medical personnel, etc.) by person in charge who observed or suspects abuse or neglect. The pastor should be notified as soon as possible if pastor is not present during the reporting call.
- III. The parent or legal guardian will always be notified of the incident by the pastor or paid staff member in charge.
- IV. All documentation will be kept in a secure, locked file cabinet in the church office. to ensure confidentiality.
- V. Persons who are the subjects of the report will be required to refrain from all children's or youth activities until the incident report is resolved. This will be overseen by the Pastor and the paid staff committee appointed by the Safe Sanctuary committee.

- VI. In cases of disclosure of parental/adult abuse by a child the adult who hears disclosure or suspects such with a child will follow the above procedure of reporting to authorities and pastor.

## MEDIA RESPONSE

The Columbia District Superintendent shall be informed of all staff or volunteer allegations of abuse. If allegations of abuse should come to the attention of the media, a response shall come from the District Superintendent.. Anyone contacted will respond with a “hold response”. The response to be given is: “We want you to have the most accurate information and therefore will take your name and number and have our spokesperson speak with you.”

## MEDICAL INFORMATION AND PERMISSION

Each participant in a church related off-site activity must complete an **Off-Site Activity Form** (see Appendix E) which must be signed by the parent or legal guardian.

## OVERNIGHT ACCOMMODATIONS

At events that require overnight accommodations, the following shall apply:

- I. We strongly recommend that at least two (2) leaders be present in every barrack-style room.
- II. When staying in a hotel, leaders shall sleep in separate rooms from children/youth; or if necessary for children/youth to share a room with a leader, leaders shall sleep in separate beds from children/youth so long as any one leader shall not be alone with any one child/youth. If necessary for a leader to stay in the room with children/youth, the leader will be of the same gender as the children/youth.
- III. Recognizing accommodations may be restrictive in some cases the “3 person rule” will be followed: 1 adult for every 2 unrelated children/youth .

To provide a health physical environment, we will maintain a safe, clean facility.

- I. Repair/maintenance requests addressing potential hazardous conditions shall be made by written request to the Trustees of Nolensville First United Methodist Church.
- II. A schedule will be developed and followed to provide appropriate periodic cleaning and disinfecting of carpets, furniture and toys in areas used by children especially infants and toddlers.
- III. Trustees will inspect to verify and ensure the appropriate number, location, and proper working order of all building safety equipment, including fire extinguishers, smoke and CO detectors, emergency lighting and exit signs. Annual training events will equip paid staff and volunteers with adequate evacuation procedures.

- IV. Hazardous and toxic materials and cleaning supplies will be properly labeled and stored safely, out of reach of children, and will be properly labeled. Poison and toxic substance handling and emergency medical response and treatment instructions will be posted throughout the facility.
- V. First Aid Kits will be available in appropriate locations, identified and properly stocked.
- VI. Flammable substances, including matches, lighters, candles and lamp oil, will be properly stored.
- VII. The trustees will periodically review insurance limits to maintain adequate and appropriate coverage.
- VIII. Physical facilities will be upgraded to ensure:
  - A. All doors with locks have a mechanism to lock/unlock the door from both sides.
  - B. Cupboards and cabinets can be “child-proofed” to prevent access to inappropriate items.
  - C. Doors to all rooms have windows to allow visual access. (Until upgrades are made, door shall remain open.)
  - D. Unused electric outlets are covered in all areas where children have access.
- IX. Other policies may be developed by specific ministry groups for the personal safety of children and/or youth.

Nolensville First United Methodist Church acknowledges that these guidelines are primarily for the safety and protection of our children and youth, but as a community of faith we seek to provide a safe environment for all persons regardless of age and capabilities.

## APPENDICES

- A. Nolensville First United Methodist Church Volunteer Application
- B. Kroll Criminal Background Check Consent Form
- C. Accident Report Form
- D. Incident Report Form
- E. Off-Site Activity Form

Appendix A

NOLENSVILLE FIRST UNITED METHODIST CHURCH VOLUNTEER APPLICATION

**Position Applied For:** \_\_\_\_\_

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

Address: \_\_\_\_\_  
*Street* *City* *Zip*

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email (home): \_\_\_\_\_ Email (work): \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities: \_\_\_\_\_

Previous work experience: \_\_\_\_\_

Are you:  Single  Married  Widowed  Divorced

Do you have children?  Yes  No

Previous volunteer experience: \_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

I have been trained in  CPR  First Aid Date completed: \_\_\_\_\_

In what areas of the church are you presently attending? (S.S., Bible Study, Wesley, etc.) \_\_\_\_\_

In what areas of the church are you currently volunteering? \_\_\_\_\_

Why would you like to volunteer as a worker with children and/or youth? \_\_\_\_\_

What is your understanding of the time commitment this position requires? \_\_\_\_\_

Have you taken our Spiritual Gifts survey?     Yes    No    If yes, what were your spiritual gifts?

What qualities do you have that would help you work with children and/or youth? \_\_\_\_\_

Do you understand that you will be required to attend periodic volunteer training sessions?

Yes    No

Briefly tell about your faith walk. (Use the back or you may attach another sheet) \_\_\_\_\_

## REFERENCES

Please list three references, one church and two personal, (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1.     Name: \_\_\_\_\_

       Address: \_\_\_\_\_

       Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

*Relationship to reference:* \_\_\_\_\_

2.     Name: \_\_\_\_\_

       Address: \_\_\_\_\_

       Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

*Relationship to reference:* \_\_\_\_\_

3.     Name: \_\_\_\_\_

       Address: \_\_\_\_\_

       Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

*Relationship to reference:* \_\_\_\_\_

I have read and understand the job description and expectations of this position.  Yes  No

I have received a copy of the Safe Sanctuary Policies and understand that I am to abide by them  
 Yes  No

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*Signature of applicant*

*Date*

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***(Office Use Only)***

Reviewed by: \_\_\_\_\_  
*Name* *Date*

Background check done on: \_\_\_\_\_ Volunteer start date: \_\_\_\_\_

Area of service: \_\_\_\_\_ Comments: \_\_\_\_\_

**KROLL CRIMINAL BACKGROUND CHECK CONSENT FORM  
DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION**

In connection with my suitability to associate with **NOLENSVILLE FIRST UNITED METHODIST CHURCH** ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my association with Company. I certify that the information contained on this Authorization form is true and correct and that my application or association may be terminated based on any false, omitted or fraudulent information.

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

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box                      City                      State                      Zip Code                      County                      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box                      City                      State                      Zip Code                      County                      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

**For CA, MN & OK Residents Only: Please provide me with a copy of my background report. YES  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification

Kroll is located at 100 Centerview Drive, Suite 300, Nashville, TN 37214 and may be contacted at 1(888) 381-7866.

\* Providing year of birth and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.

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ACCIDENT REPORT FORM  
*(Please print all information)*

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

Name of person injured: \_\_\_\_\_ Age: \_\_\_\_\_

Address of person: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Name of person (or people) who witnessed the accident:

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

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

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

Describe accident \_\_\_\_\_

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

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

*Signatures of supervisors making report*

\_\_\_\_\_  
*Signature of parent*

\_\_\_\_\_  
*Date*

Appendix D

REPORT OF SUSPECTED INCIDENT OF ABUSE

1. Name of worker (paid or volunteer) observing or receiving disclosure of abuse: \_\_\_\_\_  
\_\_\_\_\_
2. Victim's name: \_\_\_\_\_  
Victim's age/date of birth: \_\_\_\_\_
3. Date/place of initial conversation with/report from victim: \_\_\_\_\_  
\_\_\_\_\_
4. Victim's statement (give a detailed summary here):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name of person accused of abuse: \_\_\_\_\_  
Relationship of accused to victim (paid staff, volunteer, family member, other): \_\_\_\_\_  
\_\_\_\_\_
6. Reported to 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(s) of Person(s) Making the Report*

*Date*

**OFF-SITE ACTIVITY FORM**

**PARENTS:** Fill out this form, and return by \_\_\_\_\_

**PARENTAL PERMISSION**

I, \_\_\_\_\_, give my child \_\_\_\_\_

Permission to attend offsite activities for the calendar year of \_\_\_\_\_.

I understand that my child will be transported by a designated adult staff person or a certified adult volunteer of the group in any off-site activity.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone* *Cell*

In the event that I cannot be reached in an emergency situation, call \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Relationship* *Phone* *Cell*

I authorize Nolensville First UMC to use photographs of my child for the purpose of telling a story or promoting the interests of children's ministry in their publications and on their website. I understand my child's name will not be used in combination with photos.

Yes  No

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

EMERGENCY MEDICAL RELEASE

In the event that my child, \_\_\_\_\_, becomes ill or sustains an injury while on an authorized and chaperoned outing from **Nolensville First United Methodist Church** in Nolensville, Tennessee, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first-aid. I also consent to any necessary and emergency medical treatment including but not limited to the following: an x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicines, to be rendered to my child upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations, present and future, and that a copy of this form is valid as the original. This consent is to remain in effect until I revoke this consent in writing.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Address, City, State, Zip*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date*

Birth date of child: \_\_\_\_\_

Any special health problems? Describe \_\_\_\_\_  
\_\_\_\_\_

Any allergies? Describe \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Emergency name and phone number in the event a parent cannot be reached:

\_\_\_\_\_  
*Name* *Relationship*

\_\_\_\_\_  
*Phone number* *Alternate phone number*

**This form is to be signed by parent/guardian in the presence of a notary. Most hospitals require a notary seal.**