

**NORTHEAST BIBLE CHURCH
CHILDREN'S MINISTRY
ACTIVITIES PERMIT AND RELEASE OF LIABILITY**

This Activities Permit and Release of Liability ("Release Permit") shall be in effect for the 2008/2009 school year for the following named child who is a minor ("my child"):

Child's Name

Date of Birth

I, the undersigned, represent to Northeast Bible Church and its Children's Ministry that I am the parent/guardian of the person, or managing conservator of my child.

I hereby give my child my express consent to participate in all regular and special Children's Ministry activities, both at and away from Northeast Bible Church.

I hereby further consent to my child being transported to and from Children's Ministry sponsored activities by authorized and licensed Children's Ministry personnel or representatives of Northeast Bible Church.

In the event that my child becomes ill or is injured, which illness or injury necessitates medical and /or surgical treatment, in the sole discretion of the Children's Ministry personnel or representatives of Northeast Bible Church, I authorize such treatment to be administered under the discretion of any licensed physician. I agree to pay any charges, fees, expenses, and costs associated with such treatment and I hereby indemnify and hold harmless, the Children's Ministry, Northeast Bible Church, its employees, agents, representatives, trustees, elders, and deacons, from any and all such charges, fees, expenses, and costs incurred for the treatment of my child.

I hereby waive any and all claims for liability which I may have which arise out of any Children's Ministry sponsored activity except for those which arise as a result of gross negligence of the Children's Ministry or Northeast Bible Church. I hereby release the Children's Ministry leaders, Northeast Bible Church and its representatives, agents, employees, trustees, elders, and deacons, from any and all claims for liability, damages, costs, expenses, and fees arising from any such claims.

I understand that Northeast Bible Church and the Children's Ministry are relying on the representations, waivers, and releases contained in the Release Permit in permitting my child to participate in Children's Ministry sponsored activities.

| | |
|--|--------------|
| I give permission for photographs of my child to be displayed by NEBC Ministries. | YES___ NO___ |
| I give permission for videos of my child to be displayed by NEBC Ministries. | YES___ NO___ |
| I give permission for my child's first name to be displayed by the NEBC Ministries. | YES___ NO___ |
| I give permission for my child's first and last name to be displayed by NEBC Ministries. | YES___ NO___ |

Signature

Printed Name: _____

Address: _____

Telephone: _____ Work # _____ Cell # _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by, who is/are personally known to me or who has/have produced _____ as identification.

Notary Public

Print Name: _____

(Seal)

My Commission Expires

Medical Release
(must be notarized)
Transformation Station
Children's Ministry
Northeast Bible Church

Dear Parent or Guardian,

Please complete a separate release for each minor that will be participating in church activities.

Personal Information:

Name _____

Address _____

| | | |
|-------------|--------------|------------|
| City | State | Zip |
|-------------|--------------|------------|

Home Phone _____ **Date of Birth** _____

Insurance Information:

Medical Insurance Company _____

Group Name _____ **Policy Number** _____

Comments _____

Parent/Legal Guardian Information:

Father's Name _____ **Home Phone** _____

Address _____

Father's Employer _____ **Business Phone** _____

Father's SSN _____

Mother's Name _____ **Maiden Name** _____

Address _____

Home Phone _____ **SSN** _____

Mother's Employer _____ **Business Phone** _____

Other Person to Notify in Case of Emergency:

Name _____ **Home Phone** _____

Address _____

Employer _____ **Business Phone** _____

Relation to Child _____

Personal Permission and Medical Information:

In the event of an emergency where medical treatment is required, I give my permission to the staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. I will check all of the common, over-the-counter medications that my child may take.

Acetaminophen (Tylenol)
Immodium AD
Pepto-Bismol
Tums
Motrin
Dramamine

Milk of Magnesia
Sudafed (decongestant)
Chlor-trimention (anti-histamine)
Visine
Robitussin (cough)
Gatorade

Betadine for wound care
Hydrogen Peroxide for wound care
Neosporin ointment for wound care
Benadryl
Caladryl lotion for insect bites
Hydrocortisone ointment for allergic skin rash

Are there any **medications or foods** that your child is allergic to? _____

Please list medications your child is currently taking:

Name of medication: _____ Dosage: _____ Frequency: _____ What is it for? _____

Please circle any chronic health situation(s):

Asthma Diabetic Sleepwalking Motion Sickness Bed Wetting
Seizures ADD/ADHD Other: _____

I have read the above statements and the policies listed below and agree with their statements.

Signed _____ **Date** _____

Notary Signature _____ **Commission Expires** _____

Failure to have form notarized could result in a delay of treatment or release of your child from an emergency facility.

HEALTH CARE POLICY

1. All students traveling with *NEBC* will have a notarized *Medical Information and Release Form* on file.
2. *NEBC* will staff a medical advisor on events that require students to be away from home for more than 25 hours. This medical advisor's certification and license will be current, and will be referred to as "nurse" in this document.
3. Parents will be responsible for making the nurse aware of any medical conditions or medications currently being taken.
4. Medications in the original container with physician's directions and over-the-counter medications approved by the parent on the Medical Form will be dispensed by the nurse.
5. In event of a medical emergency, 911 will be called immediately and every attempt will be made to contact the parent.
6. In the event of an illness, injury, or other medical emergency, the parent/guardian will be contacted immediately. In non-emergency situations, the nurse will give care.
7. It is the parent's responsibility to provide medical insurance for the student. It will be the parent's responsibility to assume all expenses for any medical treatment.
8. All visits to the nurse will be logged with date, time, reason, and treatment. This log will be kept on file for one year.
9. *NEBC* will not hold the nurse, or any other adult, liable for any student's health and/or treatment.

DISCIPLINE POLICY

1. The activity coordinator has the authority and responsibility to create a positive and safe environment for all participants.
2. All students traveling with *NEBC* will conduct him or herself in a civil manner, abiding by all rules and regulations clearly set forth for the event.
3. Parents will assume the responsibility for student's behavior. Any students not conducting themselves in an appropriate way, which endangers them or others, will be sent home at the parent's expense, as deemed necessary by the activity coordinator.
4. The activity coordinator has all authority to use appropriate discipline measures suitable for the behavior.
5. Property damages will be repaired/replaced at the parent's expense.

Parent Agreement

Camp Policy

- Disrespect – We cannot allow disrespectful attitudes, actions, or words directed towards other children, adults (including teenage counselors), and NEBC staff and for personal property as well as the property of Twin Oaks Campground.
- Bullying – There will be no name calling, pranks that are hurtful, intimidation or picking on others.
- Non-participation – All children must attend every meal, chapel sessions, organized games and crafts. Children may be excused from participating in activities but must stay with the group and wait for activity to conclude.

Discipline Procedure

- Step 1 – Meeting with Camp Director
- Step 2 – Phone call from child to parent/guardian and phone conference with Camp Director.
- Step 3 – Meeting with parent/guardian at Twin Oaks which will most likely result in the child returning home with the parent/guardian.

Step 2 and 3 will only be taken when previous steps prove to be ineffective. Our goal is to not focus on discipline problems but rather to encourage good behavior through a reward. If on Thursday evening we have had no phone calls home for the week we will have a surprise for all the children.

I have read the parent agreement; I support the policy and agree to reinforce this with my child/children before they leave for camp on Monday, July 28, 2008. If I have any questions or concerns I will contact Tim & Terri Kelly @ 830-632-6257.

Parent Signature

Date

**Transformation Station
Children's Ministry
Northeast Bible Church**

CONSENT FOR GIVING PRESCRIPTION AND NON-PRESCRIPTION MEDICATION AT CAMP

Please check here if **NON**-prescription ____

Child's Name _____ Date of Birth _____

Medication must be delivered to church/camp in the *original container*, with the label intact, in a sealed Ziploc bag with the child's name on it, and is to be given in the following manner:

Name of Medication _____

Strength of Medication _____

Amount to be Given _____

Time of Administration at Camp _____

Route of Administration (by mouth, etc.) _____

Comments and/or instructions _____

Reason for Medication _____

Date Medication is to be Discontinued _____

I hereby request and give my consent for the person designated to administer the medication indicated above. I understand my child's medication is to be presented to a church camp representative by an adult. I will assume full responsibility for the supply, appropriate transportation and maintenance of prescription medication. I hereby give permission for the exchange of information regarding my child's medication.

Parent/Guardian Signature

Date

Parent/Guardian Home Phone Number

Parent/Guardian Work Phone Number

If any changes in medication or dosage occur the church must be notified immediately, and a new form must be completed.

Over The Counter Medicine Release Form

- _____ Tylenol
- _____ Advil
- _____ Gas X
- _____ Immodium
- _____ Pepto Bismol
- _____ Tums
- _____ Benadryl
- _____ Epi Pen- (for severe sting reactions ONLY)
- _____ Cough drops
- _____ Swimmers ear ointment

I, _____ as parent/legal guardian of
(Parent/Legal Guardian)

_____ give
Camper Name

my permission for the Camp Nurse (or other designated Staff) to administer the above approved
“Over the Counter” medications as deemed necessary.

Parent/Guardian Signature

Date

**Transformation Station
Children's Ministry
Northeast Bible Church**

CONSENT AND RELEASE FOR CHILD TO CARRY ASTHMA INHALER

_____ (Child) has been instructed in the proper purpose and appropriate method and frequency of use of the _____ inhaler.

I (Parent) _____ request that (child) _____, (age) _____ be permitted to carry the inhaler on his/her person. We, that undersigned absolve Northeast Bible Church of liability if the medication is lost, stolen or abused in any way by the child.

We further note that:

1. The physician has explained, to the parents and child, the detriments and risks of using and inhaler inappropriately.
2. The above named child understands his/her responsibilities for keeping the inhaler safely on his/her person. The above named child understands the importance of preventing other children from using the inhaler, and that such use could seriously endanger other children. As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for safe inhaler use.
3. As a parent, I understand that as a result of losing his/her inhaler, my child is at risk for a more severe asthmatic crisis.
4. The child, his/her parents and physician understand that the usual policy of NEBC is to keep all medications locked in the nurses office, for the protection of all children.
5. I understand that the church is not responsible to assist, oversee or supervise my child in the administration of the prescribed medication.

Physician's Name (Please Print)

Parent Signature

Date

Physician's Phone Number

Child's Signature

Date

**Transformation Station
Children's Ministry
Northeast Bible Church**

Request for Financial Assistance

(Please print)

Complete and sign the following form and drop it off at the office or mail it to:

Transformation Station Children's Ministry
Northeast Bible Church
19185 FM 2252
Garden Ridge, Texas 78266

Child's Name _____ Grade Completed: _____

Mailing address _____

City _____ State _____ Zip _____

Home Phone _____ Evening Phone _____

Parent/Guardian Names: _____

Where do you attend church? _____

We will consider all requests. Financial assistance is limited and will be allocated on a per need basis. Money will also be available on a first come, first serve basis until all funds are allocated. It would be very helpful to know how much you can contribute towards your child's camp experience. Thank you for supplying us with this information. **It will be kept confidential.**

Reason for request: (use backside of paper if needed)

I can contribute _____ towards my child's camp experience.

I can make _____ payments from _____ to _____

Signature _____ Relationship to child: _____

Date: _____

Please Note: you will receive a personal response within 7 – 10 working days after this form is received by (Church Name).

Date Received: _____ Date Contacted: _____

Amount of Financial Assistance given: _____

Comments: