## Carmel Baptist Church Release & Consent Agreement for Youth Valid September 1, 2019 — August 30, 2020

We, the undersigned participant and parent and/or legal guardian, for ourselves, our heirs, executors and administrators, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE any and all claims for damages which the participant may have or which may hereafter accrue to the participant against CARMEL BAPTIST CHURCH, its members, officers, agents, representatives, successors and/or assigns, individually and collectively, for any and all loss, injury or damage which may be sustained and suffered by the participant in connection with his/her association with CARMEL BAPTIST CHURCH or arising out of traveling with, participating in or returning from any activity sponsored by CARMEL BAPTIST CHURCH (the "Church Activity").

We do hereby authorize any of the designated adults monitoring the Church Activity on behalf of CARMEL BAPTIST CHURCH to contact a physician for the participant and/or to dispense over-the-counter medications to the participant, if necessary. We also authorize such designated adults to consent to medical care necessary for the participant's well-being, including x-ray examination, anesthetic, medical or surgical procedures or treatments and/or hospital care as advised by the participant's physician and/or surgeons in the event that a parent/legal guardian or emergency contact cannot be reached. We further authorize such designated adults to share the Medical History Form attached to this Release and Consent Agreement with CARMEL BAPTIST CHURCH employees, agents and members, as necessary, and to medical personnel for purposes of treating the participant.

We hereby grant Carmel Baptist Church the absolute right and unrestricted permission to take photographs and/or video of the participant during a Church Activity and to use and distribute such photographs and/or video for purposes of marketing, publicizing activities of the church or for any other lawful purpose. Photographs or video of the participant may be used in printed publications, multimedia presentations, on websites or in any other distribution media.

WE HAVE READ AND VOLUNTARILY SIGNED THIS RELEASE AND CONSENT AGREEMENT AND FULLY UNDERSTAND THAT WE HAVE KNOWINGLY GIVEN UP LEGAL RIGHTS BY VOLUNTARILY SIGNING IT.

|  | *Participants SS #  |                     |  |
|--|---|---------------------|--|
| Participant's Name:                    |   |                     |  |
| (Please Print) Last                    | First   | Middle              |  |
| Address:                               |   |                     |  |
| Street                                 | City/State/Zip  |                     |  |
| Parent Phone:                          | Student Phone:  |                     |  |
| In the event parents cannot be reached | , please call:  |                     |  |
| Relationship:                          | Phone:  |                     |  |
| Insured Person's Name:                 | Insurance Company:  | <del></del>         |  |
| Policy Number:                         | Name of Physician:  |                     |  |
| <del>_</del>                           | TIONAL. If your child has to go to the hospital, the hosp<br>you don't have the social security number the hospital |                     |  |
| PLEASE COMPLETE TH                     | E STUDENT HEALTH AND MEDICAL FORM ATTACHE   | O TO THIS DOCUMENT. |  |
|  | Participant's Signature:  | -                   |  |
|  | Signature of Parent or Guardian:  |                     |  |

#### **Student Name:**

# **Student Health and Medical Forms**

**Medical History – Medication Allergies** 

Student is allergic to Amoxicillin

Yes

No

Student is allergic to Ibuprofen

Yes

Student is allergic to Penicillin

Yes

No

Student is allergic to Tylenol

Yes

No

Student is allergic to another medication

Yes

No

Explain:

**Medical History - Allergy History** 

Student is allergic to insect stings

Yes

No Explain:

Student is allergic to Shellfish, Eggs, Milk, or Peanuts

Yes

No

Explain:

**Medical History - Health History** 

**Asthma** 

Yes

No

Has your student been hospitalized in the last year?

Yes

**Blood Disorders** 

Yes

No

Physical Disability (muscular/coordination)

Yes

No

No

Blind / Legally Blind

Yes

Celiac Disease

Yes No

Eczema

Yes No

Seizure Disorder

Yes

(Previous) Back or Neck injury

No

Yes

Other medical concerns

Yes No

Explain:

Student is allergic to other foods

Yes

No

Explain:

Student is allergic to Poison Ivy, Poison Oak, or Sumac

Yes

No

Explain:

## **Medical History - Medications**

\* Students are responsible to take their own prescription medications

Please indicate if your student is currently taking any medication or will be taking medications during an event.

Yes

If so, please describe:

# **Parental Consent Form for Minors**

Revised 01/21/15



### 1145 Pineville-Matthews Road, Matthews, NC 28105

Mission trip team members under the age of 18 are required to obtain parental consent from both parents in order to participate on a Carmel sponsored mission trip. Parental consent is often required by governmental officials when minors are leaving the country without a parent(s).

If one of the parents is accompanying their child on the trip, then the parental consent form is only required from the parent not going on the trip. If neither parent is accompanying their child on the trip, then a separate parental consent form is required from <u>each</u> parent. If both parents are accompanying their child on the trip, then no consent forms are required from either parent.

| I,, c<br>States on a Carmel Baptist Church   | onsent to allowing m  | ny minor child(ren) to trave<br>ates and destination indic      | el out of the United<br>ated: |
|--|---|---|-------------------------------|
| Name of Child(ren):  |   |   |                               |
| Consenting Parent or Guardian:   |   |   |                               |
| Relationship:  | <u>-</u>  |   |                               |
| Telephone Number:  |   |   |                               |
| Destination:   |   |   |                               |
| Dates of Trip:   |   |   |                               |
| Signature (Notarized):   |   |   |                               |
| Notary:  |   |   |                               |
| State of<br>sworn to (or affirmed) before me,<br>notarizing officer) on  | _, County of  |   | , subscribed and              |
| sworn to (or affirmed) before me,  | <del></del>   | (insert name  | and title of the              |
| notarizing officer) on   | ,   | by  | ,                             |
| who personally appeared and is personally appeared and is personal satisfactory evidence) to be the person who acknowledges to me that he/shoby his/her signature on the instrument. | sonally known to me<br>son whose name is s<br>e executed the same | e (or proved to me on the businesses in his/her authorized cape | strument and pacity, and that |
| WITNESS my hand and official seal,   | ı   |   |                               |
| Notary Public:   |   | Expiration Date:  |                               |



# Travel Insurance Form

It is the policy of the Missional Outreach Ministry that all participants on mission trips have travel insurance. Carmel Baptist Church will fulfill this requirement by purchasing coverage for participants for the period they are on the trip. The church will cover the cost of this coverage. Your insurance will be provided by Gallagher Charitable International Insurance Services.

# Summary of Coverage Highlights

| Benefit<br>Accidental Death<br>& Dismemberment                              | <b>Limit</b><br>\$100,000            | Comments<br>Reduced to \$10,000 for those under age 12 or age<br>70 and over   |
|---|--------------------------------------|--|
| Medical Expenses<br>\$100 deductible  | \$10,000                             | Primary coverage; \$2,500 of this limit is available to pay U.S. or Canadian providers; no pre-existing condition exclusion    |
| Disability Income Benefit<br>(no benefit if under age 12<br>or 70 and over) | \$1,000/mo<br>\$ 500/mo<br>\$ 250/mo | First 100 months - Accident<br>Months 101 - 200 - Accident<br>50 Months - Sickness (after 3 month waiting<br>period)           |
| Assistance Services   | Included                             | Available 24/7/365 for assistance with worldwide medical emergencies; provided by Specialty Assist                             |
| Emergency Medical Evacuation  | \$100,000                            | Coordinated by Specialty Assist; will bring insured back to U.S.A.; no pre-existing condition exclusions                       |
| Crisis Management Service   | Included                             | Available 24/7/365 for assistance with worldwide non-medical emergencies; provided by red24                                    |
| Security Evacuation   | \$100,000                            | Coordinated by red24; for evacuation due to natural disasters, civil unrest, crime, kidnap or hostage situations               |
| Family Coordination & Repatriation of Mortal Remai                          | \$25,000<br>ns                       | Combined limit for both benefits and includes a sublimit of \$2,500 for extra expenses incurred during an approved evacuation. |
| Personal Property<br>\$100 deductible                                       | \$2,500                              | "Door to door", replacement cost coverage;<br>includes checked baggage; higher limits available<br>upon request                |
| General Liability   | \$1,000,000                          | Worldwide jurisdiction; includes coverage for injury to a volunteer; covers volunteer and sending organization                 |

# Please complete the Following:

### TRAVEL INSURANCE INFORMATION

I hereby authorize Carmel Baptist Church to purchase on my behalf the necessary travel insurance for the duration of my short-term mission trip. I am furnishing the information below that is necessary to purchase the insurance.

| Full Name of Participant:   |   |
|---|---|
| Date of Birth: A  | ge at date of departure*:                 |
| Passport Number:  | Country of Issue:                         |
| Carmel Baptist Church will secure accident and inj<br>mission trip. The following information is needed t |   |
| Beneficiary Full Name   | - THE |
| Relationship to Beneficiary   |   |
| Signed:   | Date:                                     |

• Parent's signature if under 18, self-signed if 18 or over)

# <u>Screening Form for Volunteers Who Work with Minors</u> <u>Confidential – Carmel Baptist Church</u>

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all minors and volunteers who participate in church sponsored activities.

- 1. Adults who have been the subject of a criminal investigation of child sexual/physical abuse or who have been convicted of child sexual or physical abuse will be prohibited from serving in the children and youth ministries.
- 2. Adults who have been the subject of a Dept. of Social Services investigation regarding child sexual/physical abuse of a minor where the case was substantiated will be requested to discuss their desire to work with minors with the Care & Counseling Senior Pastor prior to engaging in any volunteer service.
- 3. All volunteers who work with minors are required to be active constituents of Carmel Baptist Church for a minimum of six months.
- 4. Adult volunteers should observe the "two adult/visual access" rule. This requires an adult working with minors be accompanied by an adult partner or provide visual access to the room. (Please refer to the Child Protection Policy for exceptions.)
- 5. Adult volunteers should immediately report any behaviors, which seem abusive or inappropriate to their supervisor.

1. As a church volunteer, do you agree to observe all church policies as stated in the Child Protection Policy regarding

## Please Answer Each Question. Your Response Will Be Kept Fully Confidential.

| Signatu  | ire                        |  |             | Date                      | _  |
|----------|----------------------------|--|-------------|---------------------------|--|
| City     |                            | State  | Zip         | Email                     | ·  |
| Addres   | s                          |  |             |                           | Phone  |
| Name _   | (First)                    | (Middle)   |             | (Last)                    | Date of birth  |
| PLEASE I | PRINT                      |  |             |                           | Date of birth  |
| have r   | read the Child Protecti    | on Policy and agree to                             | observe th  | e safeguards listed.      |  |
|          | nan answer it on the form. |  |             |                           | vith the Care & Counseling Senior Pastor<br>natically disqualify an applicant from working |
|          | Yes (Please descri<br>No   | ibe on a separate shee                             | t of paper) |                           |  |
|          | S substantiated the ab     | ouse?*   |             | es investigation regardir | ng child sexual or physical abuse where  |
|          | No                         |  |             |                           |  |
|          | •                          | subject of a criminal invibe on a separate shee    | -           | of child sexual or physic | cal abuse?   |
|          | No                         | ibe on a separate snee                             | t or paper) |                           |  |
|          | _                          | victed of or pled no cor<br>ibe on a separate shee |             | ime?                      |  |
|          | No                         |  |             |                           |  |
|          | rking with minors?<br>Yes  |  |             |                           |  |

# **Child Protection Policy**



1145 Pineville Matthews Road Matthews, NC 28105 704.847.8575 www.carmelbaptist.org

**Revised October 2019** 

## Procedures for the Screening of Teachers, Employees and Volunteers

- All paid employees and teachers of Carmel (including schools) shall complete the Screening Form for Employees Who Work with Minors and an authorization for Criminal Background Check.
- 2. All volunteers who work with participants, even in a limited capacity, are required to be active constituents of Carmel. All non-school ministry volunteers and some school ministry volunteers (including but not limited to those who volunteer on overnight trips) must complete and sign the Screening Form for Volunteers Who Work with Minors and to complete an authorization form allowing Carmel to obtain a criminal background check which will be obtained by the Human Resources (HR) Director.
- 3. The confidential information related to this policy, including but not limited to the screening form, the criminal background check results, and the results of any investigation or inquiries made pursuant of those forms shall be kept in the office of the HR Director. The confidentiality of all such inquiries and reports will be respected to the fullest extent possible.
- 4. If information is found in the course of reviewing the various screening forms or background checks that would preclude a volunteer from working with participants, the applicant will be notified by a ministry head.
- 5. Those who have been the subject of a Department of Social Services investigation regarding sexual/physical abuse of a minor, where the case was substantiated, will be required to discuss their desire to work with participants with the Care & Counseling Pastor prior to being employed in a paid position or engaging in any volunteer service. If that person has a private counselor, he/she must sign a release so that the Care & Counseling Pastor may consult with that person. These consultations shall also be held in confidence unless the results of such consultations need to be released to others in connection with the discipline process referenced on pages 9-11.
- Those who have been the subject of a criminal investigation of sexual/physical abuse, where the case was substantiated, may serve in other areas of ministry at Carmel, but they will be

<sup>3</sup> Refer to "constituents" on Definitions page

#### **Policies, Training and Supervision Procedures**

- It shall be the responsibility of Carmel ministry heads, accountable
  for any Carmel program or activity that involves participants, to
  implement appropriate practices within those programs and
  activities to reduce the risk of abuse. The specific circumstances of
  each program shall be considered in the development of those
  program-specific practices.
- 2. An education program on abuse issues involving participants shall be used to address these goals:
  - Protection of participants in Carmel programs and activities provided at or sponsored by Carmel.
  - Protection of employees and volunteers from exposure to "high-risk" situations and false accusations.
  - Awareness of the symptoms of abuse.
  - Recognizing incidents or reasonably suspected incidents of abuse that need to be reported.
- This educational program is available to all adult members of Carmel and is required training for all employees and volunteers working with participants in any non-school ministry or on an overnight trip.
- 4. Whenever possible, all individuals who work with participants must be screened before being involved in any activity or program. Whenever not possible, a temporary worker will never be left alone or with an individual who has not been cleared according to the provision of the Child Protection Policy.
- 5. Employees and volunteers are prohibited from speaking to participants in a way that is, or could be construed by any observer, as harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning, or humiliating. Staff and volunteers must not initiate sexually oriented conversations with participants. Staff and volunteers are not permitted to discuss their own sexual activities with participants.

Carmel's policies for appropriate and inappropriate verbal interactions are:

Any circumstance that does not fall under these guidelines must be approved in advance by the administration and include prior written permission of the participant's parent/guardian.

### Additional guidelines for one-on-one interactions:

- Avoid physical affection that can be misinterpreted. Limit affection to pats on the shoulder, high-fives, and handshakes.
- Inform other staff that you are alone with a participant.
- Document and immediately report any unusual incidents, including disclosures of abuse or maltreatment, behavior problems and how they were handled, injuries, or any interactions that might be misinterpreted.
- 8. Off-Site Contact. Contact with participants offsite or outside of regularly scheduled activities may put staff, volunteers and Carmel at increased risk. The following forms of outside contact are appropriate and inappropriate:

#### Appropriate Outside Contact Inappropriate Outside Contact Taking groups of • Taking one participant on an participants on a field trip or outing without the ministry sponsored trip parents'/quardians' and Attending athletic or arts administrations' written activities with groups of permission participants Visiting one participant in the Attending functions at a participant's home, without a participant's home, with parent/quardian present parents/guardians present • Entertaining one participant Meeting with more than one in the home of staff or participant for a meal in a volunteers public place A lone participant spending the night with staff or volunteers

participant to ride in the car with the leader.

- 11. When using a restroom during the school year, adults shall use family restrooms or those designated as "Staff Only" wherever possible. Adult males shall refrain from using urinals in non-designated restrooms and instead should use bathroom stalls.
- 12. Molesters routinely groom participants by giving gifts, thereby endearing themselves to the participant to keep the gifts a secret, which then starts teaching the participant to keep secrets from parents/guardians. For this reason, staff and volunteers should only give gifts to groups of participants.

If someone wishes to give a gift to an individual participant, they must notify the parent/guardian of the participant that the gift was given.

Extrinsic reinforcement (e.g., treasure boxes) that is made available to a group of students is permitted and does not require approval of administration nor notice to the parent.

- Carmel ministry heads, CCS ministry principals and WEE School directors or their designees shall make random visits to all scheduled classroom situations.
- 14. The parent or guardian is responsible for ensuring that the participant is not left alone in an unsupervised area. PLEASE NOTE: The drop off and pick up arrangements for the participants involved in the various ministries are described on the pages 12-13 of this manual.
- 15. Counselors of the Carmel Counseling Center are exempt from the "two adult" rule provided that he/she has obtained the written consult of the participant's parent/guardian prior to beginning any counseling.
- 16. If an employee or volunteer is found to be in violation of these policies and procedures, the matter will be reviewed by the ministry head and Church Administrator, or his designee, for appropriate action.

Administrator or his designee and civil authorities as appropriate. The confidentiality of all such inquiries and reports will be respected to the fullest extent possible. Employees and volunteers will not be retaliated against in any manner for reporting abuse (actual or perceived) or participating in an investigation pursuant to this policy.

# Examples of Suspicious or Inappropriate Behaviors Between Staff/Volunteers and participant

- Violation of the child protection policies described above
- Seeking private time or one-on-one time with participants
- Making suggestive comments to participants
- Picking favorites
- A violation of a Child Protection Policy regardless of whether any abuse has occurred.

All reports of suspicious or inappropriate behavior with participants will be taken seriously. Our procedures will be carefully followed to ensure that the rights of all those involved are protected.

#### III. General Procedures

 Staff and Volunteer Response. If staff or volunteer witness suspicious or inappropriate behaviors or policy violations from another staff or volunteer, the staff or volunteer is instructed to do the following:

## Guidelines for Staff/Volunteers Response to Suspicious or Inappropriate Behavior and/or Policy Violations

- If you witness abuse, interrupt the behavior immediately.
- Report the behavior as soon as possible and at least within 24 hours to the Carmel Pastoral Staff or Ministry Head directly responsible for the area of ministry or education where the incident occurred.
- If you are not comfortable making the report directly, make it anonymously.
- If the report is about a supervisor or administrator, contact the next level of management.
- Document the report but do not conduct an investigation.
   State only the facts.

# ADDENDUM Drop-Off/Pick-Up Policy for Participants

**WEE School** – In September, as parties responsible for pick-up are being identified by the teachers, each student will be signed in upon arrival and signed out at pick-up time. Parents indicate on sign-in sheet the party responsible for picking up the student. Beginning in October, if someone other than the responsible party picks up, the teacher is notified and requires proper identification before dismissing the student.

On Sunday mornings, drop off and pick up of participants up to and including 3rd grade shall only be by the parent or guardian unless written, signed notification is provided for other arrangements.

#### **Preschool Department:**

<u>Sundays & Wednesdays:</u> Every preschool child, birth through kindergarten, will be checked in at the Preschool check-in station and brought to their classroom by their parents. Parents will print a security badge which will be required for pick-up.

Other events where childcare is provided: Parents will use the check-in station or instruction may be to take the child to the classroom and sign them in. They will be required to have the security badge or sign the child out (depending upon that event's process) when they return to pick them up. If someone other than the parent who dropped the child off comes to pick the child up, they will be required to show identification.

### **Children's Department:**

<u>Sundays:</u> Parents must take their kids to class throughout the year. ALL children must check in and wear a nametag.

Children are to be picked up at the classroom by someone with the corresponding security badge unless they participate in the following alternative dismissal plan.

After the first month of the new promotion year, parents of kids grades 4-6 will receive the option to allow their kids to leave the classroom at the end of the hour without being picked up. Parents of eligible kids may choose to begin that alternative dismissal plan at any point during that year, or they may choose to continue to pick up their child using the security badge process. If they initiate the alternative dismissal plan (by completing the provided instructions), the permission goes into effect the following Sunday.

#### **Definitions**

<u>Participant</u>: one who engages in a program and, for the purposes of this policy, is considered part of a vulnerable population such as: one under the age 18 or one living with special needs.

<u>Abuse:</u> For purposes of this policy, "abuse" is any action (or lack of action) that endangers or harms a child's physical, psychological or emotional health and development. Child abuse occurs in different ways and includes the following:

- Physical abuse injury that is intentionally inflicted upon a participant.
- Emotional abuse mental or emotional injury to a participant that results in an observable and material impairment in the participant's growth, development, or psychological functioning.
- Sexual abuse any contact of a sexual nature that occurs between a participant and an adult or between two participants. This includes any activity which is meant to arouse or gratify the sexual desires of the adult or the other participants.
- Neglect the failure to provide for a participant's basic needs or the failure to protect a participant from harm.

<u>Constituent:</u> One who is currently a member of Carmel Baptist Church or a person who is a parent, grandparent, guardian, custodian or caretaker of a student at Carmel Baptist WEE School or Carmel Christian School.

A non-member may only be permitted to pursue volunteering in non-school ministries under extenuating circumstances and with approval by the Executive Pastor.

A parent, grandparent, guardian, custodian or caretaker of a student at Carmel Baptist WEE School or Carmel Christian School may volunteer for school-related activities of their student's school.