

Safety and Security Guidelines for Hope Reformed Church

Hope Reformed Church believes that in order to have a successful youth ministry, youth leaders must have strong relationships with youth and fellow leaders. Through various formal and informal activities, leaders are able to encourage and nurture these relationships. The following will help protect both the youth and leaders:

1. Youth leaders must obtain permission from a parent/guardian before meeting privately with a student (one-on-one). A meeting of this sort must take place in a populated public place and at least one other adult leader is to be made aware of the time and location of the meeting.
2. Youth leaders will never make any romantic or sexual verbal or non-verbal actions towards a youth. In the event that a youth initiates such an action, the leader should share the situation with another adult leader immediately.
3. Leaders will provide appropriate supervision for the youth at all planned youth activities.
4. Youth are not allowed to drive other youth on youth sponsored events per church policy.
5. Driving alone with a student is prohibited. At least one additional adult or student besides the driver must be present. A 2:1 ratio ("Rule of 3") must occur in all youth/adult situations before, during, and after church events.
6. Leaders are responsible for reporting any verbal, sexual, or physical abuse regardless of the situation.
7. All leaders/helpers are required to pass a background check.
8. All volunteer drivers are required to fill out and sign the "Volunteer Driver Agreement" which is good for one year.

Release of students

At the end of each meeting or event, students are responsible for finding or waiting for their parents. At least two leaders will wait with the student(s) until they can be released to the designated individual.

Hope Reformed Youth Discipline Policy

Hope Reformed Church strives for a safe environment for all youth groups. In the case that one of the youth is being excessively disruptive at any event, the following steps will be taken:

1. The youth will be removed from the setting and addressed by a youth leader with an explanation as to why his/her behavior is unacceptable.
2. If the problem persists, two leaders will address the youth, explaining that any further disruptions will result in removal from the youth event.
3. If still the problem persists, a conference and/or telephone call will be made to the parent/guardian(s).
4. If student is asked to leave a youth event, the parent or emergency contact will be expected to immediately come and get the youth at the parents' expense.
5. Depending on the severity of the situation, Consistory may be involved in examining and handling the case.²

Parent Consent Form/Explanation of Risk

Please read over and sign this consent form so your student may attend events with Hope's student ministry, it is valid for one year from the date it is signed.

All events that occur with Hope's student ministry are evaluated before hand to minimize the risk that students are exposed to. There are some inherent risks we assume when we agree to take students places however, such as the inherent risk of getting in to a car and taking it somewhere. By signing below you acknowledge that these risks, while managed as best as possible, are not always avoidable.

In the event that we take a student on a trip somewhere, there are a few things that we do not allow them to bring along. Any drugs, alcohol, or weapons are prohibited from being brought on our trips, and if students are found to have brought these items this is the process that will follow:

1. Request all items that violate this policy to be turned in.
2. If the student obliges this request, no further action will occur, however the parent will be informed of the situation after we return.
3. If the student refuses this request the parent will be called and asked to instruct their student to turn the items in. If that request is also denied the student will either be brought home or the parent will be asked to pick them up.

By signing, I acknowledge the above to be true and will allow my son/daughter to attend Hope student ministry events this year.

Signed: _____ Date: _____

Student's Name: _____

Hope Reformed Church Youth Ministries Medical and Permission to Secure Medical Treatment and Release from Liability Form

This form is considered a legal document and is authoritative from the date of signing until 9/18

PLEASE CIRCLE 5-6 Grades / 7-8 Grades / 9-12 Grades

Name of Student _____ Age _____
Date of Birth _____ Sex _____ Height _____ Weight _____
Address _____
Home Phone (____) _____

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Hope Reformed Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the Hope Reformed Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Hope Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____
Signature of Student (if over 18) _____ Date _____

Emergency Contact Person

Parent/Guardian Name _____
Address (if different from student) _____

Home Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____

Alternate Emergency Contact

Name _____
Home Phone (____) _____ Cell Phone (____) _____

Insurance Information

Insurance Provider _____ Policy # _____ Group # _____

In whose name is the insurance? _____ Family Doctor _____

Doctor Phone# _____ Date of last Tetanus Shot _____

Pre existing and/or present medical conditions _____

Circle if your child presently has or had had in the past

Allergies/Hay Fever/Epilepsy/Nervous Disorder/Physical Disabilities/Heart Condition/Diabetes/Asthma

Please list the allergies _____

Does your child take any medications? If so what type and dose _____