



16189 Sheldon Road
Middleburg Heights, Ohio 44130
216-676-5344

Parents Permission for Church Sponsored Activity and Consent to Medical Treatment

Please complete both top and bottom of form

Fill out this section ONLY IF this event involves transport by church staff:

Child's FULL Name _____ has the opportunity to participate in a church activity that is away from the church premises. By signing this document you are giving permission for the church chaperons to transport your child to the event site. Please sign at the bottom and turn this into the church office for our records. Without this document your child will be unable to participate in this event.

Child's FULL Name _____

I understand the nature of the church activity in which my child will be participating and that they are expected to abide by all church regulations during the course of the activity.

I hereby give my permission for my child to participate in the activity. I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my child without financial obligation to Park Heights Baptist Church or the assigned chaperon (s).

Date: _____

Signature: _____

Parent/Guardian

Please print signature clearly: _____

AUTHORIZATION TO TREAT A MINOR

Parent or guardian must complete the following section for the child to participate in the activity. Chaperone must keep a copy at ALL TIMES during the activity. 2nd copy of the form must be submitted to the church office prior to the event or activity.

I (we), the undersigned parent or legal guardian of _____ Child's FULL Name

, minor, do thereby authorize and consent to any x-ray examination, anesthetic, medial or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by an is rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medical Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the State of Ohio Department of Public Health. It is understood that the effort shall be made to contact the undersigned prior to rending treatment to the minor patient, but that any of they above treatment will not be withheld if undersigned cannot be contacted.

Date: _____

Signature: _____

Contact #: _____ Parent/Guardian Emergency Contact #: _____

Allergies to drugs or foods: _____

Insurance Carrier: _____

Insurance ID #: _____

Group #: _____



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Park Heights Baptist Church

Children's Department Sick Policy

It is our first priority at Park Heights Baptist Church to keep all of the children as safe and healthy as possible. We ask that for the health of all the children in our care and well-being of our workers that parents adhere to the following guidelines. If your child has exhibited any of the below symptoms please refrain from attending church and keep your child/children at home until all symptoms have been resolved.

- Fever of 100.4 or higher in the past 48 hours
- Vomiting or diarrhea within the past 48 hours
- Yellow or green discharge from the eyes or nose including pink eye unless on medication for 48 hours
- A suspicious or oozing skin rash
- Strep throat unless on medication for 48 hours
- Persistent or heavy cough
- Symptoms of possible communicable disease within last 48 hours (unusual fatigue or irritability, sore throat, abdominal pain)
- Head lice
- Chicken Pox: (10-21 days—scabs should have fallen off and scars healed)
- Measles: 7-14 days and at least 5 days after the development of the rash

While no one wanted to miss church because of a sick child, please be considerate of the other children, parent, and workers. If a child exhibits any of the above symptoms while in our care, parents will be notified and asked to remove their from the nursery or classroom. If you have any questions regarding this policy, please do not hesitate to see the nursery coordinator.



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Consent Form for Use of Photographs or Video

Park Heights Baptist Church, Children's Ministry recognizes the need to ensure the welfare and safety of all minors taking part in any activity associated with in our organization.

In accordance with our child protection policy we will not permit photographs, video or other images of minors to be taken without consent of the parent or guardian. As your child will be taking part in a Children's Department Activity, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely these images may be used as:

- A record of the activity or event
- Publicity material for further activities or events on leaflets/website/magazines/Facebook (account is public)

Illustrations of the activities or events in published in articles

Park Heights Baptist Church will take all steps to ensure these images are used solely for the purpose they are intended. If you become aware that these images are being used inappropriately you should inform Park Heights Baptist Church immediately.

I _____ Parent/Guardian consent to Park Heights Baptist Church photographing or videoing:

Child/Children's Full Name (s):

Signature of Parent or Guardian: _____

Date: _____