

# Child Protection Policy

THE CHILD PROTECTION POLICY CONTAINED IN THE FOLLOWING DOCUMENT WAS DEVELOPED TO PROMOTE A SAFE ENVIRONMENT FOR THE CHILDREN AND YOUTH INVOLVED IN ACTIVITIES OF GRACE EVANGELICAL LUTHERAN CHURCH, HATFIELD, PA.

THE POLICY WAS APPROVED BY THE CONGREGATIONAL COUNCIL ON  
AND IS IN EFFECT AS OF May 15, 2012                      Version: 1.2

## Child Protection Policy

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## **A. Introduction, Purpose, Objectives, Goals**

1. In recent years it has become apparent that our society is becoming more dangerous and we must be more intentional with the care and protection of our children.
2. The primary intent of this policy is to care for the families God has entrusted to us. This policy is intended to establish clear standards concerning the oversight and care given to all children/youth who attend our church programs.
3. This policy covers all groups utilizing the Grace Lutheran Church Facilities. This means that the responsible parties must be educated about the contents of this policy and agree to abide by it. This includes making available appropriate forms as requested.

## **B. Worker Selection**

An effective screening process for potential children/youth workers is the first step in a caring program for our children. Our church depends on both paid and volunteer workers to administer our programs and we will strive to ensure qualified, responsible and ethical leaders to minister to our children. We have chosen the following procedures to select the best possible leaders.

1. All persons, paid and volunteer, who will be working with children under eighteen in a church sponsored activity are required to undergo the applicable form of screening for their position.
2. Only persons who satisfactorily meet the following criteria will be allowed to work with children:
  - a. All screening forms, interviews, and reference checks required for a paid or volunteer position being sought have been fulfilled.
  - b. No known history of abuse/molestation of children, or criminal record
  - c. Positive personal references; known and recommended by another church member.
  - d. Member of the church for six months or more or has suitable references e.g. current professional certification.
  - e. Personal interview does not reveal information of concern to the interviewer
3. Paid employees (includes church staff members, nursery school director and teachers, or others hired by the church)
  - a. Screening required to be successfully completed within probationary period of not greater than 6 months from date of hire:
    1. PA Child Abuse History Clearance (PA Dept. of Human Services)
    2. Criminal record check (PA State Police)
    3. FBI Fingerprints
    4. National Sex Offender Registry Clearance
    5. Church's Children & Youth Worker screening form
    6. Personal interview
    7. Two Reference checks, not from relatives
    8. Current driver's license or suitable identification

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- b. Applicant is required to apply and pay for clearances 3a(1), 3a(2) and 3a(3) above
- c. Applicant is required to submit original clearance forms 3a(1), 3a(2), 3a(3) and 3a(4) for copying, filing and reimbursement.
4. Volunteers (includes persons working in Stepping Stones, Sunday Church School, Youth, Vacation Bible School, worship nursery, and others)
  - a. “Primary” workers (Regularly work with children in church activities) such as:
    - Sunday Church School teachers
    - Youth leaders
    - Choir Directors
    - Confirmation guides
    - Regular Stepping Stones volunteers
    - Leaders traveling with children on extended overnight events
    - Leaders of overnight retreats
    - Persons doing one-on-one counseling
    - Acolyte coordinator
  1. Screening required:
    - a. PA Child Abuse History Clearance (PA Dept. of Human Services)
    - b. Criminal Record Check (PA State Police)
    - c. FBI Fingerprints
    - d. National Sex Offender Registry Clearance
    - e. Church’s children & Youth Worker screening form
    - f. Personal interview
    - g. Reference checks
    - h. Current driver’s license or suitable identification
  2. Volunteer is required to obtain screening items a and b above.
  3. Congregation will reimburse the costs of these clearances.
- b. Secondary volunteer positions (Occasional contact with children working with other primary screened volunteers, not visitors) such as:
  - Worship nursery volunteers
  - Youth Helpers
  - Choir Helpers
  - Vacation Bible School Teachers and Helpers
1. Screening required:
  - a. Church’s Children & Youth Worker screening form
  - b. Personal interview
  - c. Six-month rule, church member reference or other suitable reference
- c. Grandfather rule
  1. As of the date of the original (January 1, 2005) adoption of this policy, all volunteers who were involved in working with youth in the ministry of the church for at least 2 years will be exempt from the personal interview and reference checks. They will still need to complete the Church’s Children & Youth Worker Screening

form. Primary volunteers will need to obtain PA Child Abuse History Clearance, FBI Fingerprints, National Sex Offender Registry Clearance, and Criminal Record Check (PA State Police) as listed above.

2. A list of grandfathered volunteers meeting the criteria in c.1 will be maintained securely in the appropriate office.

## **C. Worker Supervision**

General Policy Objectives

- a. Exercise reasonable care in supervising workers and activities
- b. Reduce liability for negligent supervision

Staff, paid workers, and volunteer workers will comply with the following policies:

### **1. Behavioral Policies for Child/Youth Workers**

- a. Expression of care, encouragement, and God's love is an expectation of the church's ministry to children.
- b. Physical striking, hitting, spanking of a child/youth is prohibited. However, restraining (holding back) a child/youth from hurting himself/herself or others may be appropriate.
- c. Discipline to preserve the order and safety of programs and activities may be applied, where needed, by such methods as removal of privileges, time out, and appropriate verbal correction.
- d. Verbally or emotionally abusive language is prohibited.
- e. Touching, fondling, kissing a child/youth in an inappropriate or sexual manner is prohibited.
- f. Placing oneself in a position of being alone unsupervised with a child/youth, without parental permission or reason to do so, is to be avoided.

### **2. Supervisory Policies & Procedures**

- a. Programs that involve children and youth, especially overnight events, are to be adequately staffed to maintain supervisory control
- b. Supervision is to be maintained after the event until all children are in the custody of their parents or appropriately dropped off.
- c. Two Adult Rule – team approach
  1. In general, church activities involving children and youth will be supervised or conducted by at least two adults, who are not closely related or members of the same household.
  2. Where single or related adult supervision of children occurs, supervision is to be by an adult who has satisfactorily completed the primary volunteer screening requirements or will be checked upon by another adult frequently. Single or related adult

supervision is never permissible for overnight events or church-sponsored events in private homes.

3. Church staff members or volunteers should only be alone with a child for counseling when:
    - a. a reasonable attempt is made to have another adult or child present, or
    - b. parental permission is obtained, or
    - c. In the judgment of the church worker there is a need to speak with the child immediately, do so in a room with an open door
  4. Although 18-year olds are adults, extreme discretion should be applied in approving young adults as supervisors of children. Consideration must be given to the relative ages of the children and the adults. Ideally, at least one of the two adults should be a “mature” adult, significantly older than the children being supervised.
- d. Obtain Written Parental Permission (prior to the event)
    1. For transportation on church or Stepping Stones sponsored activities
    2. For Stepping Stones end-of-day release
    3. For overnight church or Stepping Stones sponsored events
    4. For one-on-one counseling
  - e. Overnight Rule
    1. Only staff members or volunteers qualified for “primary” work with children are allowed to chaperone extended overnight activities such as ELCA youth conferences.
    2. For overnight retreat events, the leader(s) will have primary clearance and other adult supervision will have a minimum of secondary clearance.
    3. Children/youth are to return from the event with the arranged transportation unless parental permission is given for other arrangements.
  - f. Transportation Rule
    1. Adequate notice is to be given parents to obtain permission slips in advance if a blanket permission slip is not on record.
    2. Children/youth may not be transported on a church activity without securing written permission from parents in advance.
    3. Drivers transporting children/youth must be over 21 years of age.
    4. All occupants of vehicle are to wear seatbelts.

g. Worship Nursery Identification Procedure

1. All children will be signed in by their parents each time children are left in the nursery during worship. (Sunday and other times nursery care is offered).
2. Parents will be given a “child identification pass” at the time they leave their child.
3. A child will only be released when the child identification pass is presented.

h. Stepping Stones policies for release of children to parent or other designated persons:

1. At the beginning of the school year, parents must designate in writing the persons to whom their child may be released at the end of the day.
2. Parents of 2, 3, 4, and 5-year olds must come to the hallway outside of the classroom to pick up their children at the end of the day.
3. All day care children must be signed in and out by the parent daily.
4. Parents must send in a written note or verbally notify the teachers if their child is leaving with a person not designated on the Emergency Contact form. For example, if a child is going home with another child or a grandparent is picking them up. A photo ID will be required.

i. Sunday Church School policy for release of children to parents or other designated persons:

1. Children in third grade and younger will be released at the end of class to their parents or other person designated on the registration form.
2. At least 2 adults will remain present until a designated person picks up the children.

j. Youth activity policy for release of children to parents or other designated persons:

1. Children will be released at the end of the activity to their parents or other person designated on the permission form.
2. At least 2 adults will remain present until a designated person picks up the children.

## **D. Abuse Reporting**

### **1. Abuse Reporting Guidelines:**

- National Council of Child Abuse & Family Violence child abuse information provides reference material on the signs of child abuse.

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- The person in contact with the victim should exhibit sincere concern and also self-control. Listen, but do not interrogate the victim. Be neutral and do not make judgments.
  - Any inappropriate conduct is to be confronted immediately and an investigation begun.
- a. All aspects of the reporting process are to be taken seriously, *be considered highly confidential*, and be released only on a need to know basis.
  - b. Any person, paid or volunteer, should immediately report any abuse or suspicion of abuse as specified in this procedure.
  - c. Observations and reporting steps taken are to be documented.
  - d. The following acts of abuse are to be reported:
    1. Disclosure by a child that he or she has been abused or neglected.
    2. Suspicion that a child has been abused or neglected.
    3. Witnessing the abuse of a child.
  - e. According to the PA Child Protective Services Law child abuse includes:
    1. Serious physical injury which is non-accidental.
    2. Mental injury which is non-accidental such as emotional abuse.
    3. Sexual abuse.
    4. Serious physical neglect of children under 18 caused by the acts or omissions of a perpetrator.
    5. Any recent act, failure to act, or series of acts or failures to act by a perpetrator that creates an imminent risk of serious physical injury to or sexual abuse or exploitation of a child under 18 years of age.



- f. All allegations are to be taken seriously.
- g. All investigative and reporting steps taken are to be documented, including a log of phone calls, personal visits, and oral reports.

**2. Abuse reporting procedure:**

- a. Person reporting abuse reports observations to the Director of Stepping Stones (Director) or the Pastor.
- b. Director/Pastor makes an oral report to PA Department of Human Services CHILDLINE at 1-800-932-0313.
- c. Director/Pastor files a written report of suspected child abuse as required by the child protection service law within 48 hours to the Montgomery County Children & Youth agency.
- d. Director/Pastor files a copy of the appropriate Incident Report Form(s) in a locked file.
- e. Pastor notifies the Congregational Council president (President).
- f. President notifies the church's insurance carrier.
- g. The Pastor/Director/President will notify the local police department in cases of criminal activity.
- h. The Pastor/Director/President will notify the ELCA Synod Bishop.

**3. Key Person Alternates:**

In the event that any of the three key people named above, Pastor, Director, or President, or their immediate families are directly involved in the situation, either as an alleged abuser or victim, or any of the three are out of town or otherwise unable to perform their roles in the above steps, their roles will be filled as follows:

- The Pastor shall be the alternate for the Director.
- The President shall be the alternate for the Pastor.
- The Vice-President shall be the alternate for the President.

If the Pastor or the Pastor's family is involved, then the President shall immediately notify the Synod Bishop so that pastoral care can be provided to the Pastor, President and congregation.

**E. Response to Allegations**

1. Follow the abuse reporting procedure above.
2. All contact with the alleged offender should be through the appropriate agency (e.g. Children & Youth, police).
3. The parents or guardians of all children involved are to be notified immediately by the Pastor or Director and provided appropriate pastoral care.

4. It is expected that the church's insurance carrier will appoint legal counsel for the church and church workers. Otherwise, congregational council will arrange for legal counsel if required.
5. Only persons authorized by any three of the Pastor, Director, or Council officers are to speak for the church to the news media, government agencies, attorneys, or others.
6. All other steps taken to respond to an allegation of child abuse are to be approved by the congregation's legal counsel.

## **F. Administration and Recordkeeping**

### **1. Administration of Worker Screening**

- a. Paid staff of the church  
Congregational council President or designee is responsible to administer the worker screening requirements in section B3
- b. Church volunteers  
Person designated by the President is responsible for administering the worker screening requirements in section B4
- c. Stepping Stones Paid Teachers and volunteers  
The Stepping Stones Director is responsible for administering the worker screening requirements in section B3 and B4.
- d. Outside groups using Grace's Facilities  
The Congregational Council Vice President or designee is responsible for ensuring the outside groups perform appropriate worker screening and have appropriate liability insurance.

### **2. Recordkeeping**

- a. Filing of records
  1. Records associated with the child protection policy will be kept in a locked file
  2. Records to be maintained in file are:
    - a. Screening records of paid staff and volunteer workers
    - b. Volunteer grandfather list
    - c. Abuse notifications and responses
    - d. Incidents
  3. Records will be kept at least for the length of time that the person is working or volunteering with the church plus 5 years.
- b. Access to the records
  1. The file cabinet of screening records is to have limited access.
  2. Persons with access to church employee and volunteer records are the Congregational Council President, and persons designated by the President.

3. Persons with access to Stepping Stones employee and volunteer records are the Stepping Stones director, and administrative assistant.
4. A signed memo from the Council President with any additional designated persons must exist and be reissued when the President changes.

## **G. Education – Publication**

### **1. Education**

- a. Congregation
  1. An overview of the policy will be given at the Congregational meeting every year and copies made available.
  2. An overview of the policy will be given at new members classes and copies made available.
- b. Employees and volunteers
  1. The policy will be reviewed with each employee or volunteer before they begin service and reviewed at least once every year.
- c. Outside groups that use the facilities
  1. A representative of each group that uses the facilities must sign that he or she has read and will abide by the policy before the group can use the facilities.
- d. Outside individuals that use the facilities
  1. The individual must sign that he or she has read and will abide by the policy and if they plan to be alone with a youth must obtain written parental permission before they can use the facilities.

### **2. Publication**

- a. A copy of the policy will be available to anyone who requests it.
- b. A copy of the policy will be displayed in the church narthex.
- c. A copy of the policy will be displayed prominently in a Stepping Stones public area.

## **H. Policy Enforcement & Auditing**

### **1. Enforcement**

- a. Congregational Council President or designee must ensure that the policy is published, followed, reviewed and updated annually.
- b. When this policy is revised, a new version identifier and effective date will appear on every page and previously posted copies will be replaced.

### **2. Auditing**

- a. Annually Congregational council president or designee must ensure that the records associated with this policy are kept current.

## **Appendix – Forms**

- Children & Youth Volunteer Screening Form
- Volunteer (Primary Worker) Disclosure Statement
- Volunteer (Secondary Worker) Disclosure Statement
- Employee Disclosure Statement
- Blanket Permission Slip
- Activity Permission Slip
- Reference Contact Form
- Incident Tracking Form

**Children & Youth Volunteer  
Screening Form  
Grace Evangelical Lutheran Church**

The purpose of this form is to help provide a safe and secure environment for children and youth participating in our programs and those supervising them.

This screening form must be completed by all persons working with children and youth (voluntary or compensated) on a regular basis as defined by Grace Evangelical Lutheran Church's Child Protection Policy. Those seeking a position in the church as a paid employee will be required to complete an employment application in addition to this screening form.

Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Personal History

Is there any fact or circumstance involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people?  
\_\_\_ Yes \_\_\_ No If yes, please explain:

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Do you have a current driver's license? \_\_\_\_\_ State & License # \_\_\_ No  
Attach copy for employees or primary volunteers.

History of Prior Youth Work

List names and addresses of current and past churches where you've held membership during the past five years:

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List all previous church work involving youth, indicating name of church, type of work, and dates.

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List all other previous work involving youth:

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Personal references (not former employers or relatives)

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have read this screening form and I affirm that the information given here is true and correct. I authorize any references or churches listed in this application to give Grace Evangelical Lutheran Church any information (including opinions) they may have regarding my character and fitness for children and youth work. In consideration of the receipt and evaluation of this application by Grace Evangelical Lutheran Church, I hereby release any person or organization, including record custodians, both collectively and individually from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or attempts to comply with this authorization, excepting only the communication of knowingly false information. I agree to hold harmless Grace Evangelical Lutheran Church, its officers, employees, and volunteers.

I have read, understand, and agree to abide by Grace Lutheran Church's Child Protection Policy.

I have read and understand the above statements and sign this freely, under no persuasion from others. I understand that this is a legally binding agreement.

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

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

**Grace Evangelical Lutheran Church and Stepping Stones  
VOLUNTEER (Primary Worker) DISCLOSURE STATEMENT**

**(Required by Child Protection Services Law, 23 Pa. C. S. A. 6344(m))**

**I swear/affirm that I have mailed the requests for clearances to Childline, the Pennsylvania State Police and the Federal Bureau of Investigation (where applicable).**

**I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law within the preceding five years.**

**I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.**

- Chapter 25** (relating to criminal homicide)
- Section 2702** (relating to aggravated assault)
- Section 2709** (relating to harassment)
- Section 2901** (relating to kidnapping)
- Section 2902** (relating to unlawful restraint)
- Section 3121** (relating to rape)
- Section 3122** (relating to statutory rape)
- Section 3123** (relating to involuntary deviant sexual intercourse)
- Section 3125** (relating to aggravated indecent assault)
- Section 3126** (relating to indecent assault)
- Section 3127** (relating to indecent exposure)
- Section 4303** (relating to concealing death of child born out of wedlock)
- Section 4304** (relating to endangering welfare of children)
- Section 4305** (relating to dealing in infant children)
- A felony offense under section 5902(b) (relating to prostitution and related Offenses)**
- Section 5903 (c) or (d) (relating to obscene and other sexual materials and Performances)**
- Section 6301** (relating to corruption of minors)
- Section 6312** (relating to sexual abuse of children)

**I understand that until Grace Lutheran Church and/or Stepping Stones has received my clearances, I must work within the eyesight of a permanent employee or a primary volunteer at all times.**

**I understand that I will not be allowed to work with children if I have been named as a perpetrator of a founded report of child abuse within the past five years or have been convicted of any of the crimes listed above.**

**I understand that I will not be allowed to work with children if I have been named as the perpetrator of a founded report of child abuse longer than five years ago or the perpetrator of an indicated report of child abuse.**

**I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.**

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

**Type/Print**

**Witness** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Grace Evangelical Lutheran Church and Stepping Stones  
VOLUNTEER (Secondary Worker) DISCLOSURE STATEMENT**

**I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law within the preceding five years.**

**I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.**

- |   |  |
|---|--|
| <b>Chapter 25</b>   | <b>(relating to criminal homicide)</b>                             |
| <b>Section 2702</b>   | <b>(relating to aggravated assault)</b>                            |
| <b>Section 2709</b>   | <b>(relating to harassment)</b>                                    |
| <b>Section 2901</b>   | <b>(relating to kidnapping)</b>                                    |
| <b>Section 2902</b>   | <b>(relating to unlawful restraint)</b>                            |
| <b>Section 3121</b>   | <b>(relating to rape)</b>  |
| <b>Section 3122</b>   | <b>(relating to statutory rape)</b>                                |
| <b>Section 3123</b>   | <b>(relating to involuntary deviant sexual intercourse)</b>        |
| <b>Section 3125</b>   | <b>(relating to aggravated indecent assault)</b>                   |
| <b>Section 3126</b>   | <b>(relating to indecent assault)</b>                              |
| <b>Section 3127</b>   | <b>(relating to indecent exposure)</b>                             |
| <b>Section 4303</b>   | <b>(relating to concealing death of child born out of wedlock)</b> |
| <b>Section 4304</b>   | <b>(relating to endangering welfare of children)</b>               |
| <b>Section 4305</b>   | <b>(relating to dealing in infant children)</b>                    |
| <b>A felony offence under section 5902(b) (relating to prostitution and related offenses)</b>   |  |
| <b>Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</b> |  |
| <b>Section 6301</b>   | <b>(relating to corruption of minors)</b>                          |
| <b>Section 6312</b>   | <b>(relating to sexual abuse of children)</b>                      |

**I understand that I must work within the eyesight of an employee or primary volunteer (who has clearances on file) at all times.**

**I understand that I will not be allowed to work with children if I have been named as a perpetrator of a founded report of child abuse within the last five years or have been convicted of any of the crimes listed above.**

**I understand that I will not be allowed to work with children if I have been named as the perpetrator of a founded report of child abuse longer than five years or the perpetrator of an indicated report of child abuse.**

**I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to section 4903(b) of the Crimes Code.**

Date \_\_\_\_\_ Name \_\_\_\_\_  
Type/Print

Witness \_\_\_\_\_ Signature \_\_\_\_\_



**Grace Evangelical Lutheran Church and Stepping Stone  
EMPLOYEE DISCLOSURE STATEMENT**

**(Required by Child Protection Services Law, 23 Pa. C. S. A. 6344(m)).**

**I swear/affirm that I have mailed the requests for clearances to Childline, the Pennsylvania State Police and the Federal Bureau of Investigation (where applicable).**

**I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child Protective Services Law within the preceding five years.**

**I swear/affirm that I have not been convicted of one or more of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crime in another state.**

- Chapter 25** (relating to criminal homicide)
- Section 2702** (relating to aggravated assault)
- Section 2709** (relating to harassment)
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- Section 3127** (relating to indecent exposure)
- Section 4303** (relating to concealing death of child born out of wedlock)
- Section 4304** (relating to endangering welfare of children)
- Section 4305** (relating to dealing in infant children)
- A felony offense under section 5902(b) (relating to prostitution and related offenses)**
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)**
- Section 6301** (relating to corruption of minors)
- Section 6312** (relating to sexual abuse of children)

**I understand that as a provisionally hired employee I must work within the eyesight of a permanent employee at all times.**

**I understand that my employment may be terminated if I have been named as the perpetrator of a founded report of child abuse longer than five years ago or the perpetrator if an indicated report of child abuse.**

**I hereby swear/affirm that the information as set forth above is true and correct. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Crimes Code.**

**Date \_\_\_\_\_ Name \_\_\_\_\_  
Type/Print**

**Witness \_\_\_\_\_ Signature \_\_\_\_\_**

**Grace Evangelical Lutheran Church  
Blanket Permission Slip**

This form must be completed and signed by the parent or legal guardian of the child named below, if that person is under the age of 18. This form will be retained by the leader(s) of the group, for all scheduled activities for the school year \_\_\_\_\_. A copy will also be kept on file in the church office.

My son/daughter, \_\_\_\_\_, age \_\_\_\_\_,  
has my permission to participate in all of the activities (including travel within a 25 mile radius of the church) associated with the group

\_\_\_\_\_  
Signature of parent or legal guardian (circle one): \_\_\_\_\_

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

+++++  
In the event of any emergency, I authorize the Group Leader of the above-named group, or his designated representative, to act in my behalf to secure necessary emergency medical treatment for

\_\_\_\_\_  
(full name of child)

Address \_\_\_\_\_

I can be reached at the following phone numbers during these activities:

Parent/Legal Guardian ( ) \_\_\_\_\_, ( ) \_\_\_\_\_

( ) \_\_\_\_\_, ( ) \_\_\_\_\_

Relative or Emergency Contact Name \_\_\_\_\_ ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_  
(parent/guardian insurance group name) (insurance group number)

Policyholder name \_\_\_\_\_

Primary care physician: \_\_\_\_\_ ( ) \_\_\_\_\_

I, \_\_\_\_\_, will accept full financial responsibility for any and all  
(signature)  
Emergency Room expenses.

Known allergies \_\_\_\_\_

Special Medication, Diet, or other concerns \_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

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I, \_\_\_\_\_, authorize the following additional persons to pick up my child from these activities:

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

Phone number (    ) \_\_\_\_\_

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

Phone number (    ) \_\_\_\_\_

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

Phone number (    ) \_\_\_\_\_

## Grace Evangelical Lutheran Church Activity Permission Slip

This form is to be completed by all that are participating in an event sponsored by Grace Evangelical Lutheran Church overnight or at a location other than the church premises.

Please read and complete both sides of this form and sign where indicated.

### Release and Consent

\_\_\_\_\_  
Trip Participant

In consideration of the acceptance of my child's request to participate in the

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

on \_\_\_\_\_, on behalf of my/our child and my/ourselves, my/our heirs, executors, and administrators, I/we hereby waive, release and forever discharge Grace Evangelical Lutheran Church, its officers, members, employees, agents and representatives, for and from any and all claims, or causes of action, or other rights, for personal injury and/or property damage arising out of or relating to my/our child's participation in the above activity.

### Medical Treatment Consent

In the event of a medical emergency, I/We hereby authorize adult representatives of Grace Evangelical Lutheran Church to initiate and/or authorize whatever measures are necessary for the treatment of the medical emergency being experienced by my/our son/daughter listed on this form. I/We further authorize the use of my/our health insurance coverage listed below in the event of a medical emergency and agree to pay for all cost associated with such medical treatment not covered under this health insurance.

I/We provide and authorize the use of the following information about my/our son/daughter in the event of a medical emergency

Known medical conditions: \_\_\_\_\_

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

Known allergies: \_\_\_\_\_

\_\_\_\_\_  
Special Medications, Diet or other concerns: \_\_\_\_\_

\_\_\_\_\_  
Name and Telephone number of the child's physician: \_\_\_\_\_

\_\_\_\_\_

Child Protection Policy

Date of last tetanus booster: \_\_\_\_\_

Medical Insurance carrier and policy/group number: \_\_\_\_\_

Policyholder name \_\_\_\_\_

Parent/guardian signing authorization (please print)

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

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone numbers where parent/guardian can be reached during this event:

( ) \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Emergency contact name, relationship and phone numbers: \_\_\_\_\_

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

Signature(s) \_\_\_\_\_

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

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I, \_\_\_\_\_, authorize the following additional persons to pick up my child from this activity:

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

Phone number: ( ) \_\_\_\_\_

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

Phone number: ( ) \_\_\_\_\_

**Reference Contact Form**  
**Grace Evangelical Lutheran Church**

1. Name of Applicant: \_\_\_\_\_
2. Church position(s) applicant is applying for: \_\_\_\_\_
3. Reference contacted (if a church, identify both the church and the person contacted):  
\_\_\_\_\_  
\_\_\_\_\_
4. Person contacting reference: \_\_\_\_\_
5. Method of contact  Telephone  
 Letter  
 Personal conversation  
 Other: \_\_\_\_\_
6. Summary of contact about the remarks concerning the applicant and the applicant's fitness and suitability for work with children and youth:  
Attach form if available

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\_\_\_\_\_  
Signature of contact person

\_\_\_\_\_  
Date

## Incident Tracking Form Grace Evangelical Lutheran Church

Person Completing Form: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Incident Reported by: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Account of incident, as described by reporter (who, what, where, when, how)

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Other: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Date of	
	Verbal report to PA Department of Welfare CHILDLINE
	Written report mailed to PA Department of Welfare at: Montgomery County Children & Youth Agency 1430 Dekalb Pike, Norristown, PA 19401
	Congregational Council President notification
	Insurance carrier notification
	Local police department notification (in case of alleged criminal activity)
	ELCA Synod Bishop notification (if allegation is made against staff member or volunteer)
	Parents / guardians of all children involved notification (if appropriate)

Signature and title of person completing form: \_\_\_\_\_