

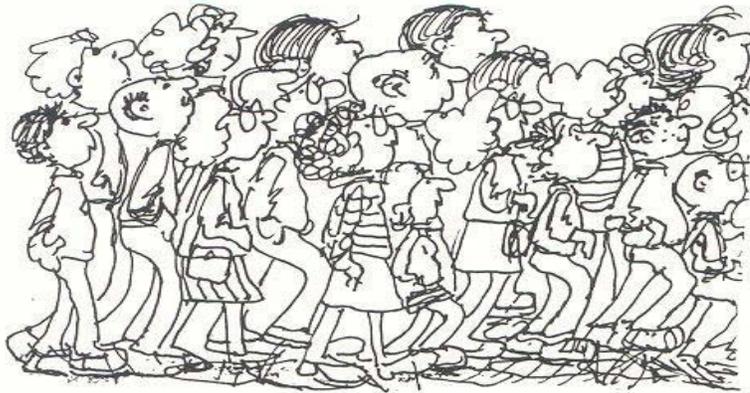
CHILDREN AND YOUTH SAFETY POLICY
First Presbyterian Church, Ypsilanti

First Presbyterian Church, Ypsilanti, is a spiritual community that takes seriously its responsibility to provide a safe and nurturing environment for children under 18 who participate in our ministries. All those who are in leadership roles in these ministries are living out the vows we take in baptism to nurture our children in the Christian faith. Each person plays a key role in fostering spiritual development of individuals and families in our church community.

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following statements reflect the commitment of First Presbyterian Church to provide a safe environment for all children/youth who participate in church-sponsored ministries.

In efforts to provide a safe community for children and youth, the church requires workers to commit themselves to the Children and Youth Safety Policy adopted by the Session of this church. In doing so you will be asked to provide personal information, review the church policy with a staff person, and understand that you will be under the supervision of the appropriate staff persons.

Everyone desiring to participate in these ministries working with children/youth must read the conduct policy of this church and agree to it by signing the information form. They must also provide the names of two individuals who are familiar with their character as it relates to working with children.



CHILDREN/YOUTH SAFETY PROCEDURES

In order to protect the children and youth of our church, no worker shall be alone with a child or youth, out of sight of another advisor or other children/youths. In this policy the term *children* refers to students through fifth grade and *youth* are middle school and high school students. An *advisor* is an adult accompanying children/youth on any on-site/off-site activity.

- I. On-site procedures for children
 - A. In the classroom, every attempt shall be made to have at least two workers present at all times.
 - B. In the event that a child needs to use the bathroom, said child (if kindergarten level or above) shall be accompanied by a same-sex “buddy” assigned to him/her by an advisor. If the child is of preschool age, the child’s teacher/assistant shall take the child to the bathroom, waiting at the door for the child. If the child needs assistance in the bathroom, the teacher shall provide the assistance necessary, first encouraging the child to handle as much of the process as he/she can.
 - C. Parents should fill out an information form, copies in CE office and in classroom.
- II. On-site procedures for youth
 - A. Every attempt will be made to have two adults in the room during youth activities.
 - B. An exception would be if the Pastoral Staff needed to meet individually with a youth in his/her office with the knowledge of the other adults present and if possible, parental notification before the individual meeting.
- III. Off-site procedures
 - A. There will be a minimum of two adults at all church children/youth events taking place away from the church.
 - B. There shall be no drivers of children/youth at any time under the age of 25, during church-related events that require travel.
 - C. Permission Slips will be issued for each off-site event.
 - D. Without prior permission, all events will culminate at the church.
- IV. Initial Reporting of Suspicious Activity
 - A. If an advisor suspects immediate danger, the person will call the local civil authorities (911) immediately.
 - B. Any in-house abuse or suspicious activity brought to the attention of a worker must be reported immediately to the appropriate person or persons. The appropriate person or persons to make this report to are:
 1. Ministerial Staff
 2. Chair of Christian Education
 3. Chair of Personnel
 4. The adult/advisor accompanying the off-site event
 5. Police or social services.
 - C. Conversation with the “victim” should be limited to comfort and/or to attend to physical hurt only. It is not the responsibility of the advisor to investigate.
 - D. The person making the initial “in-house” report and police report of abuse or receiving the report of suspicious activity, should then document the circumstances under which the report was made.
 - E. The person receiving the initial report of suspicious activity will report immediately to the Head of Staff, who will immediately inform the Chair of Personnel, Church Legal Counsel and the Church Insurer. Together they will determine what further action, if any, should be taken by

church representatives. All individuals should act promptly in notifying the proper legal entities when necessary.

V. Response

- A. In those cases deemed to require further action, a “Response Team” will be assigned. The response team will consist of (1) the Head of Staff, (2) the Chair of Personnel, (3) two members of Session appointed by the Moderator (head of staff). The response team will promptly:
 - 1. Contact the alleged victim’s parents.
 - 2. Contact local civil authorities as appropriate or as required by law *promptly*.
 - 3. Document all efforts to handle the situation.
- B. The response team will appoint a sole spokesperson. This spokesperson, all witnesses and individuals with knowledge pertaining to the incident will cooperate and offer all assistance/knowledge to local and state civil/criminal authorities, as appropriate by law.
- C. At the direction of church Legal Counsel, the spokesperson may present a clear position statement of the church regarding child abuse and include policies and established safeguards. This person will be the only person communicating to the press on behalf of the church.
- D. The spokesperson will give information to the congregation if it is appropriate to do so.
- E. The ministerial staff will not provide counseling to victim or alleged perpetrator.
- F. The ministerial staff will provide or refer others for counseling.

VI. Care of Documents

- A. All documentation collected pertaining to an incident of suspicious activity will be treated in a confidential manner.
- B. The professional staff, the response team, and the appropriate legal authorities will have access to the documentation in the case of a report of suspicious activity.
- C. While under review, the documents will be kept on the premises in secure storage.
- D. The documents will be stored for ten years and/or until the minor reaches the age of eighteen.

Emergency Information

Occasionally, you may experience an emergency. Below is information to help you in case of fire, tornado, or injury.

Fire

There is a map in your classroom locating emergency exits and showing the closest way for you and your class to evacuate the building, if necessary. There are 4 stairwells out of the basement, 2 of which lead directly to the outside. Familiarize yourself with these exits. A drill is recommended at least 4 times a year.

When the fire siren is sounding:

1. Line up the children and walk to the nearest exit. Do not stop for coats, books, removal of paint smocks, etc.
2. Advisor(s) leads children outdoors. Proceed to safe area away from the building. Assistant checks bathrooms and classrooms.
3. Walk and remain calm at all times.
4. Remain in the designated area until the all-clear is given.
5. If there is a person in your classroom in a wheelchair, teachers will assist and/or designate an assistant to take that person to one of the two designated areas: the north parking lot and the Ladies' Literary Club parking lot.

Minor Injury

When a child hurts his/her head, becomes bruised or cut (beyond a Band-Aid), has skin broken from a bite, or has any other minor accident:

1. One adult stays with the child.
2. Second adult locates the appropriate ministry staff member and parents.
3. If an adult administers first aid, **always wear** vinyl gloves. Gloves are available in the first-aid kit in the first floor kitchenette, in the kitchen, and in the supply room on the second floor.
4. When cleaning up:
 - a. wear vinyl gloves
 - b. place paper items with minor blood stains in the trash
 - c. remove vinyl gloves and place them in the trash and
 - d. remove trash from the area that the children/youth are in
 - e. wash hands with disinfectant soap.
5. With the help of the appropriate ministry staff member, fill out an accident report.

These reports are available in every classroom and the church office. There is also a copy of the form in the back of this handbook.

Serious Injury

When the child is laying on the floor as a result of a serious injury or unknown medical problem:

1. Do not move the child unless he/she is in immediate danger.
2. Second adult calls "911" for emergency help and notifies the ministry staff director and parents.
3. One adult stays with the child and clears the area of other children.
4. If an adult administers first-aid, vinyl gloves must be worn. Gloves are available in the first-aid kit in the first floor kitchenette, in the kitchen, and in the supply room on the second floor.
5. Have a custodial worker or the appropriate ministry staff member clean the area where the injury occurred before allowing children to return, using gloves if necessary.
6. With the help of the appropriate ministry staff member, fill out an accident report. These reports are available in every classroom and the church office. There is also a copy of the form in the back of

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this handbook.

Other Injury Information

1. Locate parents when a child develops a fever or vomits.
2. If a child vomits, use a bag of “Upset” located in the first-aid kits on each floor and in the basement restrooms under the sinks. Directions for using “Upset” are on the package.
3. Always wear vinyl gloves, located in the first-aid kits on each floor and in the basement restrooms under the sinks, when near blood/vomit or other bodily fluids.
4. In an emergency, dial 911. Telephone locations:
 - a. Media Center
 - b. Kitchen
 - c. Church Office

VOLUNTEER INFORMATION FORM
Confidential
First Presbyterian Church (Ypsilanti)

This form is to be completed by all First Presbyterian Church volunteers for any position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for the children and youth who participate in our programs and use our facilities. If more space is needed, use the reverse side and number your continuing items.

Identity must be confirmed with a state driver's license or other photographic identification.

FULL NAME _____

ADDRESS & PHONE: _____

Please list any past experience you have working with children or youth. Include name and place of the institutions(s) or organization(s).

Please provide names and phone numbers of two non-relatives who are familiar with your character as it relates to working with children and youth. References will be checked.

Are you a member of First Presbyterian Church of Ypsilanti? Yes No

If no, how long have you attended? _____

Please list the name and address of other churches you have attended regularly during the past five years.

Is there any fact or circumstance that might call into question your being entrusted with the leadership and spiritual development of the children and youth at First Presbyterian?

Have you ever attended a first aid class or are you CPR certified? If yes, indicate date and location of certification.

Do you have any special skills or circumstances that will prevent or help you in an emergency situation? (e.g., faint at the sight of blood, EMS certified, voluntary fireperson, etc.)

Please answer each question in full. Your responses will be kept confidential. If you answer “yes”, please explain your answer.

1. As a church volunteer, do you agree to observe all church policies regarding work with children or youth?

_____ Yes _____ No

2. Have you ever been convicted of, or plead guilty or no contest to, a crime involving children or youth?

_____ Yes _____ No

3. Are you currently under investigation for a crime involving children or youth?

_____ Yes _____ No

4. Have you read, and do you understand and agree to abide by, the church’s “Children, Youth and Volunteer Safety Policy?”

_____ Yes _____ No

5. Do you have a valid Michigan Driver’s License?

_____ Yes _____ No

6. Has your license ever been suspended or revoked?

_____ Yes _____ No

I acknowledge the policy requirements and specifically agree that if there is a report of alleged child abuse or neglect then the alleged party will be required to refrain from all activity with children and youth until it is determined if further action shall be taken. I further agree that this is a proper action for the church to require and I specifically waive liability of the church and any person receiving an allegation of possible child abuse and/or neglect for such action. This waiver of liability does not include any complainant who may be acting in bad faith. I also understand that the information I have provided may be verified by contacting persons, institutions, or organizations named in this form.

Signature

Date

Print name

**FIRST PRESBYTERIAN CHURCH
REGISTRATION/EMERGENCY CARD**

Name: _____ Date: _____

Birthdate: _____ Age: _____ Sex: _____

Present Address: _____
Address City State Zip

Phone Number: () _____

Father's Name: _____

Home Address (if different from above): _____
Address City State Zip

Phone Number (if different from above): () _____

Place of Employment: _____ Work Number: _____

Mother's Name: _____

Home Address (if different from above): _____
Address City State Zip

Phone Number (if different from above): () _____

Place of Employment: _____ Work Number: _____

Guardian's Name: _____

Home Address (if different from above): _____
Address City State Zip

Phone Number (if different from above): () _____

Place of Employment: _____ Work Number: _____

Important: With whom does the child reside – circle all that apply:

Father Mother Stepfather Stepmother Guardian (other than parent)

Relative (specify relationship) _____

Siblings _____

Other (specify relationship) _____

HEALTH INFORMATION

This information will be shared with appropriate emergency and church staff

Date of last Tetanus Toxoid Booster: _____

Please list any allergies: _____

Please list any health conditions including such conditions as diabetes, epilepsy, heart disease, etc.: _____

Doctor: _____ Address: _____ Phone: _____

Hospital I prefer if my child needs transporting: _____

Name of Insurance Company _____ Policy # _____

Note: Any obligations for medical expenses or ambulance service resulting from treatment in emergency cases is to be paid by the parents or guardian of the child.

In case of emergency closing, where should child be sent?

Name: _____ Address: _____ Phone: _____

In case of emergency, if no one can be reached at home or business, call one of the following:

Relative: _____ Address: _____ Phone: _____

Neighbor: _____ Address: _____ Phone: _____

All information provided on this card may be shared with those persons who required to have this information to care for the health, safety and/or educational needs of my child.

Signature of Parent/Guardian: _____

(Please DO NOT Print)

FIRST PRESBYTERIAN CHURCH
Ypsilanti, Michigan
PERSONAL INCIDENT/INJURY REPORT FORM

GENERAL INFORMATION

Name of injured: _____

Address of injured: _____
Address City State Zip

Phone: _____

Parent or Guardian: _____

___ Male ___ Female Date of Birth: _____ Grade (if student): _____

If not student, indicate category: ___ Volunteer ___ Visitor

INJURY

Date of injury: _____ Time injury occurred: _____

Cause of injury (i.e., fell, struck, slipped): _____

Type & extent of injury (i.e., sprain, scratch, broken bone); part of body injured (i.e., left arm, right leg):

ACCIDENT

Place of injury: _____

Activity of person when injured: _____

Was the activity supervised? ___ Yes ___ No If yes, name of supervisor: _____

Describe accident, explaining who, what, when, why, and how. Also, list names of witnesses (if any) including their address and phone number. (Use extra pages if necessary.)

Property Damage: ___ Yes ___ No If yes, please describe what was damaged:

ACTION TAKEN

First-aid treatment administered: ___ Yes ___ No If yes, please explain what was done and by whom:

Taken to Nurse: Yes No By: _____ Time: _____

Taken Home: Yes No By: _____ Time: _____

Taken to Physician: Yes No By: _____ Time: _____

Taken to Hospital: Yes No By: _____ Time: _____

Name of Hospital: _____ Attending Physician: _____

Was a parent or other individual notified? Yes No Time: _____ How: _____

By Whom? _____ Name of Individual Notified: _____

SIGN

Church Contact Person: _____ Telephone Number: _____
Print

Report Prepared By: _____ Date of Report: _____
Print

This form should be turned into the church office and a copy made for the person filling out the form.

THE FIRST PRESBYTERIAN CHURCH
Permission Slip for Local Events
300 North Washington
Ypsilanti, Michigan 48197
Phone 734-482-1525

Youth Event: _____
Event Date

at _____
Place Telephone #

Time of Event: _____

Your child needs to bring: _____

You need to bring your permission slips. There will be no phone calls for permission slips. If you do not bring your permission slip you will have to stay at the church.

(Cut Here and Return lower portion)

I hereby give permission for _____
Child's name

Parent Contact is _____ & telephone # is _____

Emergency Contact if parents cannot be reached _____
Name Phone Number

List all allergies and any physical limitations of your child _____

It is assumed that all due care and precaution will be taken by the First Presbyterian Church staff and members on the above stated event. Beyond that, the First Presbyterian Church, Ypsilanti, Michigan, will assume NO responsibility.

Parents Signature: _____ Date: _____

Phone: _____ Address _____
Street City Zip

I agree to participate to the fullest of my ability and to follow all of the rules of this event.

Child's Signature _____

Information and Medical Release Form

(Keep this form at all times in the vehicle in which you travel)

Name _____ Birthdate ____/____/____
(Last) (First) (Middle Initial)

Address _____ Phone (____) _____
(Street) (City) (State) (Zip Code)

In case of emergency contact:

Name 1 _____ (____)
(Parent, Spouse, or Legal Guardian) (Daytime Phone)

Address _____ (____)
(Street) (City) (State) (Zip Code) (Evening Phone)

Name 2 _____ (____)
(Parent, Spouse, or Legal Guardian) (Daytime Phone)

Address _____ (____)
(Street) (City) (State) (Zip Code) (Evening Phone)

Other relative or responsible person:

Name _____ Relationship _____ (____)
(Daytime Phone)

Address _____ (____)
(Street) (City) (State) (Zip Code) (Evening Phone)

Insurance Company _____ (____)
(Daytime Phone)

Address _____
(Street) (City) (State) (Zip Code)

Policy # _____ Policy Holder's Identification # _____

Doctor's Name _____ (____)
(Daytime Phone)

Address _____
(Street) (City) (State) (Zip Code)

PAST ILLNESSES: (Check)

Asthma _____ Convulsions _____ Heart Trouble _____ Rheumatic Fever _____
Diabetes _____ Bronchitis _____ Kidney Trouble _____ Sinusitis _____

Any other chronic/recurring illness/contagious disease? (list): _____

List ALL medications that your child will be taking on mission trip (prescription/non-prescription):

Medications your child **cannot** take _____

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I hereby give my permission to the <event> nurse to provide any first aid for mild injuries and illness that should arise for my son or daughter named above. I also give my permission to administer the previously listed medications and the following over-the-counter medications as needed:

Over-the-Counter Medications:

Tylenol: Yes _____ No _____

Ibuprofen: Yes _____ No _____

Tums/Roloids: Yes _____ No _____

Cold Medications: Yes _____ No _____

Other (List): _____

Please list any other special health or behavioral considerations: _____

Date of last Tetanus shot ____ / ____ / ____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in <event>, every reasonable effort will be made to contact the persons listed on this sheet. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance from your church.

I understand that the churches involved with <event> do not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

This is the _____ day of _____, 200__

Signature (Participant) – I certify that I am 18 years of age or older.

Signatures/Relationship (Parents or Guardians of minor participants).

Personally appeared before me, a Notary Public of
County in the State of, the persons whose signatures
appear above and with whom I am personally acquainted and knowledge that he/she executed the
within instrument for the purposes therein contained. Witness my hand and official seal this
day of, 20__.

Notary Public
My Commission Expires://

(Sample form for overnight events)
Statement of Activities and Release Form

Name _____ Birthdate ____/____/____
(Last) (First) (Middle Initial)

Address _____ Phone (____) _____
(Street) (City) (State) (Zip Code)

E-mail address _____ Grade _____

<EVENT> is <DESCRIBE ACTIVITY>. Volunteers participating in the activities will be expected to be involved in <EXAMPLE OF HOUSING MINISTRY: specific home repair and home building activities including, but not limited to: roofing, carpentry, dry-walling, digging and building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring, and other facets of home repair, remodeling and renovation. These activities include but are not limited to: the use of power tools such as saws and drills as well as the use of hand tools. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as atop roofs and other facets of construction work>.

Volunteers in their free time, engage in non-sponsored activities including but not limited to: hiking, swimming, basketball, volleyball, baseball, football, Frisbee, or other sports activities of their choosing. Planned evening activities include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest. NOTE: Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate.

The foregoing statement of activities and accompanying trip guidelines have been read and the extent and nature of the activities in which your youth will participate are understood, and the churches participating in <event>, their agents, employees and any and all persons connected herewith are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of <event>.

The Participant and Guardian grant and convey to the participating churches all right, title and interest in any and all photographic images and video or audio recordings made during the Participant's participation in <event>.

This is the _____ day of _____, 200__

As a parent, I give permission to my student to participate in <event>, and will encourage and support my student by making every reasonable effort to have my student attend all preparation events.

Printed name(s) of Parents or Guardians of minor participants:

_____ Relationship _____

_____ Relationship _____

Signatures (Parents or Guardians of minor participants).

Signature (Minor Participant)

Signature (Participant) – I certify that I am 18 years of age or older.

Covenant REQUIRED FOR PARTICIPATION IN THE <event>

I pledge to help the members of my group and the persons with whom I work to grow as individuals and as a Christian family. I understand that we will be expected to work hard on this project, and I accept this responsibility. I pledge to follow and uphold the following guidelines.

1. I will show respect for others and try to be encouraging to all persons.
2. I will show respect to all leaders.
3. I will make every effort to be on time.
4. I will help to keep the work-site and living facilities clean.
5. I will participate fully in all designated group activities: meals, talks, small groups, travel, construction work, recreation and worship.

I understand that breaking any of these guidelines will result in the following two step punishment process:

1. I will receive a warning by an adult leader (on first offense).
2. I will be issued punishment based on the decision of a peer consultation, which will include all of the <event> participants (on second offense and thereafter).

6. I will show respect for the privacy of others and the property of our hosts.
7. I will not leave the group without permission from the leader.
8. I will not travel alone, swim alone or endanger another person or myself.

I understand that breaking any of these guidelines will result in the following two-step punishment process:

1. I will be issued punishment based on the decision of a peer consultation which will include all of the <event> participants (on first offense).
2. I will be sent home (on the second offense).

9. I will not use or be in possession of tobacco products, alcoholic beverages, or illegal or non-prescription drugs.
10. I will not participate in any sexual activity. However, I will give care, support and affection to strengthen the spirit and wellbeing of each person on the mission trip.

I understand that breaking any of these guidelines will result in the following punishment process:

1. I will be sent home (first offense).

Student Signature

Date

As a parent or guardian, I pledge to support my child throughout the entire <event> process including preliminary fundraising and preparation events. I fully understand that in the event that my child violates any of the above guidelines to which my student has agreed, I will be wholly responsible for their transportation home, including any financial obligation, if the need arises.

Parent/Guardian Signature

Date