### **Mount Vernon Presbyterian Church 471 Mount Vernon Highway, N.E. Sandy Springs, GA 30328**

## **CHILDREN AND YOUTH PROTECTION POLICY**

## Approved by the Session on July 21, 2019

**“Let the children come to me, do not hinder them; for to such belongs the kingdom of God.  Truly, I say to you, whoever does not receive the kingdom of God like a child shall not enter it.”**
~ Mark 10:13-16

## Policy Purpose

Mount Vernon Presbyterian Church (MVPC) is committed to providing a church environment that is a safe place for children and youth and that will protect them from any abuse when they are involved in church-related activities.  MVPC adopts these policies and procedures not only to maximize safety and prevent child abuse from occurring within its church community, but also to guide and protect volunteers and employees from unwarranted allegations of child abuse.

## Terms and Definitions

**Child abuse** - An act committed by a parent, caregiver, or person in a position of trust (even though he or she may not care for the child on a daily basis) which is not accidental and which harms or threatens harm to a child’s physical or mental health or welfare. Child abuse includes, but is not limited to:

**Neglect of Basic Needs***- A form of abuse. Denial of food, water, cleanliness, clothing, and sleep are not appropriate means of discipline.***Physical Abuse***- Any physical force applied by an adult or older youth in a position of care or authority to a child, youth, or vulnerable adult. Physical force (hitting, spanking, shaking, shoving, etc.) is not to be used by leaders in our programs.***Sexual Abuse***– Any sexual contact or sexual interaction between a child (under the age of eighteen years) and an adult; any use of a child for the sexual stimulation of an adult, a third person, or the child; any risqué jokes, innuendo, unacceptable visual contact, unwelcome casual touch, unwelcome and inappropriate hugs and kisses, and sexually suggestive pictures between an adult and a child, as deemed inappropriate by any reasonable adult. Even if a child, youth, or vulnerable adult, out of ignorance, innocence, or fear does not resist, it is still abuse.***Emotional Abuse***- Inappropriately belittling, hateful, threatening, or angry words and/or actions directed toward a child, youth, or vulnerable adult. Discipline by humiliation is also emotional abuse.***Spiritual Abuse***- Using religious references to shame, or by guilt to motivate a child into a particular action or behavior.*

**Employee**– Any person who works for salary or wages at Mount Vernon Presbyterian Church.

**Volunteer**– Any person not employed by MVPC who, at any time during the year, teaches, supervises, or helps with children and youth activities, or is in the presence of children or youth.  These activities include, but are not limited to Church School Teachers, Nursery Helpers, Childcare, Youth Group Advisors, Children & Youth mission trips, Confirmation Teachers/Mentors, Special Children/Youth Events.

**Leader**– An adult designated by MVPC or by a sponsoring organization to have responsibility for children and/or youth. The adult must be a minimum of 18 years of age. Leaders of overnight trips must be at least 21 years of age.  It is suggested that the person be a minimum of four years older than the children or youth they are supervising.

**Church Sponsored Activity**- Includes any and all gatherings that arise from any worship, educational, childcare, fellowship, administrative, pastoral, mission or recreational event generated or organized by MVPC, whether on-campus or off-campus.

**Regular Volunteer Ministry** – Includes any church sponsored activity engaged in by a volunteer that is on-going (ie: church school, youth advisors, nursery helper, etc.) **Occasional Volunteer Ministry** – all one-time special events not occurring on a regular basis.

**Child or Youth**– Persons under 18 years old and considered a minor under the law.

## Screening

### **Staff:  Background Requirements**

Applicants for full-time or part-time paid employment at MVPC will be required to provide, complete or undergo the following:

* An Employment Application and background check which will include information regarding past employment and prior convictions for crimes.
* A specific statement that the individual has no prior conviction for child abuse or sexual misconduct.
* A reference check covering, where possible, the two immediate past employers, or personal references unrelated to the applicant if no information can be obtained from past employers.
* Upon being hired, each new employee will be required to sign an acknowledgement that he or she has received a copy of the MVPC Children & Youth Protection Policy, understands it and will comply with its terms.
* Each new employee working with children or youth will be provided orientation and training on child abuse, including its recognition and prevention, as well as on the terms and conditions of this policy.

Any candidate for employment who has a past conviction of or pending proceeding addressing an allegation of child abuse or neglect cannot be employed by MVPC. Conviction for any of the following will automatically disqualify an individual from employment: felony drug conviction, pedophilic behavior, incest, rape, assaults, indecent exposure, pornography, sodomy or abuse of a minor.

### **Volunteers:  Background Requirements**

Volunteers working with youth or children of the church in any volunteer ministry will be required to complete the following.

* A Volunteer Ministry Application. Prior to serving as a volunteer, MVPC must obtain a background check for that individual.
* Each new volunteer, prior to beginning any volunteer role, will be required to sign an acknowledgement that he or she has received a copy of the MVPC Child & Youth Protection Policy, understands it, and will comply with its terms.
* Each new volunteer will be provided orientation and training on child abuse, including its recognition and prevention, as well as on the terms and conditions of this policy.

Any candidate for volunteer service who has a past conviction of or pending proceeding related to an allegation of child abuse or neglect MAY NOT work with children and youth at Mount Vernon Presbyterian Church. Refusal to complete the Volunteer Application process or a conviction for any of the following will automatically disqualify an individual from volunteer service with children and youth: drug-related activity, pedophilic behavior, incest, rape, assaults, indecent exposure, pornography, sodomy, or abuse of a minor.

Leaders of other groups of children or youth who use MVPC’s facilities will also be required to read the Policy and sign the Outside Group Leader statement. Attachment 4

## General Procedures

### **Supervision: Two-Leader/Open-Door Policy**

Whenever possible, any adult who is present in a church sponsored activity for children or youth should be accompanied by another adult. MVPC employees and volunteers should not, during an MVPC program, be alone with a single child where they cannot be observed by others.

In order to avoid situations where an individual is alone in a room with children, all children’s and youth activities should be supervised by at least two adult leaders. Whenever possible, these adults should be unrelated.  The presence of two leaders is to protect children and youth against situations in which abuse might occur, and to protect leaders against false allegations of abuse or neglect.

Classrooms, childcare rooms, and any area in which programs for children or youth are taking place may be visited without prior notice by church staff, parents, or other volunteer church workers.  No windows may ever be blocked so as to prevent visual observation into the classroom.

In the event that two leaders cannot be present in the room, such that one leader is alone in a room with one or more children or youth, a door or half-door from the room must be left open.  The leader should not position him/herself in the room such that other adults passing in the hallway cannot see him or her.

### **Ratios** The recommended adult/volunteer-to-child/youth ratio, based on best practices, is 1:6. Gender balance is recommended.

**Parental/Guardian Consent**
Any child/youth participating in the children/youth ministry programs of MVPC should have an up to date completed and notarized Permission/Medical Consent Form and Release on file. (Attachment 5)

**“Six Month” Rule for Volunteers**
A volunteer must be a member of MVPC or have regularly attended MVPC for six months before working with youth or children in a MVPC ministry program or activity.  This requirement does not apply to paid staff or volunteers involved in activities in which their own children are present.  The Christian Education Committee shall have the authority to waive this six-month rule upon request, where appropriate.

**Policy Review**
The provisions of this Policy shall be reviewed annually by the Christian Education Committee.   The Christian Education Committee shall report periodically to the Session and recommend any changes deemed appropriate.

##

## Code of Conduct

1. Staff and volunteers are required to adhere to the MVPC Child Protection Policy guidelines in all their interactions with children and youth. Staff and volunteers will respect children’s rights not to be touched in ways that make them feel uncomfortable or that disregard their right to say no.
2. Staff and volunteers may not discipline children by use of physical/emotional isolation (where child is left unsupervised)/punishment or by failing to provide the necessities of care.
3. Physical restraint is used only in situations necessary to protect the child, other children, or staff from harm.
4. While supervising children and youth participating in MVPC programs, staff and volunteers should know where participants are at all times.
5. Restroom supervision:  Whenever possible, volunteers will make sure any restroom used is not occupied by any suspicious or unknown individual before allowing children and youth to use the facilities.  Always send children in pairs with a volunteer.  The staff or volunteer, will stand in the doorway while children are using the restroom.  This policy allows privacy for the children and protection for the staff or volunteer (not being alone with a child).   Staff and volunteers shall strongly encourage parents to take children to the restroom whenever possible.
6. Diapering and potty training should be done primarily by staff members/paid caregivers.  Volunteers may be asked to help in certain situations and should follow posted nursery guidelines when performing diapering.
7. Staff and volunteers should be alert to the physical and emotional state of children.  Any signs of injury or possible child abuse must be reported according to the MVPC Child Protection Policy.
8. Staff and volunteers are discouraged from being alone with children or youth without parental permission.
9. Under no circumstances should volunteers release children to anyone other than the authorized parent, guardian, or other individual authorized by the parent or guardian.
10. Consuming, possessing, or being under the influence of alcohol or illegal drugs while working or volunteering with children or youth is prohibited.
11. Smoking or the use of any tobacco products in the presence of children or youth while working or volunteering is prohibited.
12. Being impaired by legally prescribed drugs while working or volunteering with children or youth is prohibited.
13. Possessing or using concealed weapons or firearms while working or volunteering with children or youth is prohibited.
14. Profanity, inappropriate jokes and media, sharing intimate details of one’s personal life, and any kind of harassment in the presence of children, youth, or parents are prohibited.
15. Staff and volunteers will be mindful of the content on any portable electronic device, social networking pages, or other electronic media that might be accessible to any children and youth. Any church provided electronic device used by a teen or child must have parental controls actively engaged on the device.
16. Staff and volunteer adult and youth leaders shall wear appropriate dress when volunteering with children and/or youth.
17. Movies used in all church settings shall meet the voluntary movie rating system guidelines established by the Motion Picture Association of America for age-appropriate content.
18. Staff and volunteers may not date or be romantically involved with program participants or church members who are younger than 18 years of age.
19. Staff and volunteers are required to read, sign, and adhere to all policies related to identifying, documenting, and reporting child abuse and will attend training sessions on the subject.
20. Staff and volunteers are required to report any concerns or suspicions regarding their observations of any individual’s interaction with a child. Except for concerns related to alleged or potential abuse, which require specific immediate reports, these concerns may be discussed with the individual.  If the concerns are not alleviated by a change in the individual’s behavior, a second report should be discussed with the Dir. of Christian Education or the Pastor.
21. If it is necessary for an adult to take a child or youth home after an event, all staff and volunteers shall abide by safe driving laws when transporting children or youth.  An effort should be made to contact the family and inform them of the situation before transporting the child or youth.  It is always advisable for leaders to give parents advance notice and full information regarding the event in which their child or youth will be participating. A driving record history shall be obtained on all children and youth ministry leaders and volunteers who at any time will be driving children or youth.
22. In the event that a one-on-one child/youth to adult scenario arises, i.e., unexpected transportation needs, confirmation mentoring, or otherwise, parent permission should be granted in writing (Attachment 7) or by phone when possible.  It is preferred to have mentors and confirmands meet in public places.

## Reporting

**Reporting Incidents**
Any individual who observes or becomes aware of any alleged or potential incident of child abuse (by a parent/volunteer/MVPC staff) must immediately complete an Incident Report Form and give that report to the Director of Christian Education (and if not available, the Pastor). Because of the importance of proper reporting, pastors, employees, Session members, and persons highly visible to church members and visitors should understand the terms of the policy and be ready to help direct any such reports or allegations to the appropriate persons.

If a clergy staff member of MVPC is being suspected then the Clerk of Session will be contacted and the Presbytery of Atlanta notified.

Georgia law requires a report be made no later than 24 hours “from the time there is reasonable cause to believe that expected child abuse has occurred” **to the Division of Family and Children Services – 1.855.422.4453 Knowingly and willfully failing to report suspected abuse is a misdemeanor under Georgia law.**

**Investigation**
Upon receipt of a report or allegation of child abuse at MVPC the Director of Christian Education (or Pastor) shall ensure that an appropriate investigation is commenced and appropriate procedures are followed as required by Georgia law.  The process will include documenting all steps undertaken in handling the investigation, and a MVPC Child Abuse Incident Report form shall be completed.

If a clergy member of MVPC is involved then the investigative process will be handled by the Clerk of Session.

**Confidentiality**
All investigations shall be conducted in as confidential a manner as is compatible with a thorough investigation of the report or allegation.

**Parental Notification**
If an incident has occurred on church property or during a church-sponsored event, the parents of any minor involved in any allegation of abuse shall be immediately notified.

**Potential Responses**
Upon any report of potential or alleged child abuse by an employee or volunteer of MVPC, any individual accused of such conduct will be temporarily relieved of any duties involving youth or children pending an appropriate investigation.

## Off-Site Trips & Events

**Two-Adult Rule** The two-adult rule must be followed during off-campus trips with any foreseeable exceptions clearly stated and approved in advance by the parent or guardian (Attachment 8). The total number of adults on each trip will be adjusted according to the requirements of the planned activities. *Under no circumstances may one adult alone take or accompany minors on an overnight outing.*

**Ratios**
The preferred adult to child/youth ratio for chaperones for any ministry with children or youth shall be 1:6. Gender balance is required for overnight trips.

**Rooming Arrangements**

* Rooming arrangements must provide for children and youth of the same sex to room together and adults of the same sex to room together.
* When possible, adults’ rooms shall be next to youth rooms and youth may be checked on during the night.
* Ordinarily, adults should not share rooms with children. An individual minor may share a room with an individual adult if the two are related (parent/child), or if written permission has been granted prior to the event by a parent or guardian (in such cases as Intergenerational Mission Trips).
* In situations where one large sleeping area is provided, two adults of the same sex shall accompany children or youth of the same sex.

**Medical**

* It is preferable that at least one volunteer have first aid/CPR training.
* Group leaders must have a copy of the Permission/Medical Consent Form and Release with them during off campus events and overnight trips.
* First Aid supplies should be carried and readily available on all trips off campus.  All workers will be informed of the location of First Aid supplies/equipment and shall have access to information concerning specific medical conditions (including food allergies) and concerns of participants.
* A written report (Attachment 6) must be completed in the case of any accident, medical emergency or injury and given to the staff person, leader, or parent in charge.

**Driving Rules/Travel**

* As recommended by our church insurance company, it is suggested that all drivers of children and youth be 21-70 years of age.  In situations where this is not possible, parent permission shall be obtained before the trip and vehicles shall travel together.
* When one vehicle is used for an event, the two-leader rule still applies unless parental permission is obtained prior to the trip.
* Travel arrangements for off-campus events should be coordinated through the church.
* All drivers of children and youth shall have a valid driver’s license.
* Seat belts must be available and worn by all passengers at all times.

## Outside Groups

All leaders of any group that that use our facility and supervise children and youth are expected to adhere to these policies. Upon receipt of the policy from MVPC, the leaders must review the Children and Youth Protection Policy and sign the Outside Group Leaders Release Form (Attachment 4) to acknowledge their review of it and to confirm their agreement to follow the policy.

##

## Appendix A, Indications of Abuse

### ­Physical Abuse: The non-accidental physical injury of a child.

### Indicators:

### Has unexplained burns, bites, bruises, broken bones, or black eyes

### Has fading bruises or other marks noticeable after an absence from school

### Seems frightened of the parents and protests or cries when it is time to go home

### Shrinks at the approach of adults

### Reports injury by a parent or another adult caregiver

### In Georgia, Corporal punishment is legal. Abuse is not. Corporal punishment is any physical punishment of a child to inflict pain as a deterrent to wrongdoing. It may produce transitory pain and potential bruising. If pain and bruising are not excessive or unduly severe and result only in short-term discomfort, this is not considered maltreatment.

### Neglect: The failure of a parent, guardian, or other caregiver to provide for a child’s basic needs.

### The failure of a parent, guardian, or other caregiver to provide for a child’s basic needs, including safety from harm or danger (failure to protect).

### Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision this also includes the failure to protect a child from harm/danger.)

### Medical (e.g., failure to provide necessary medical or mental health treatment)

### Educational (e.g. failure to educate a child or attend to special education needs)

### Emotional (e.g., inattention to a child’s emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

### Georgia Child Protective Services guidelines for parenting suggest the following: -Children eight years or younger should not be left alone; -Children between the ages of nine years and twelve years, based on level of maturity, may be left alone for brief (less than two hours) periods of time; -Children thirteen years and older, who are at an adequate level of maturity, may be left alone and may perform the role of babysitter, as authorized by the parent, for up to twelve hours. --These guidelines assume that the child’s age is equivalent with his or her developmental level. A child’s maturity should ALWAYS factor into how much supervision is needed.

### Indicators of negligent parental supervision are:

### Is frequently absent from school

### Begs or steals food or money

### Lacks needed medical or dental care, immunizations, or glasses

### Is consistently dirty and has severe body odor

### Lacks sufficient clothing for the weather

### Abuses alcohol or drugs

### States that there is no one at home to provide care

### Sexual Abuse: The exploitation of a child for the sexual gratification of an adult or older child. Sexual abuse is most commonly perpetrated by an individual known to the victim, rarely is the offender a stranger. One-third of all sexual abuse is perpetrated by another child. Sexual abuse includes touching offenses: fondling, sodomy, rape; and non-touching offenses: child prostitution, indecent exposure and exhibitionism, utilizing the internet as a vehicle for exploitation.

### Indicators:

### Has difficulty walking or sitting

### Suddenly refuses to change for gym or to participate in physical activities

### Reports nightmares or bedwetting

### Experiences a sudden change in appetite

### Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior

### Becomes pregnant or contracts a sexually transmitted disease

### Runs away

### Reports sexual abuse by a parent or another adult caregiver

### Has or talks about an older boy/girl friend or male/female friend or relative

### Withdrawn and uncommunicative

### Poor personal hygiene and/or inappropriate dress

* Child does not want to go to a certain place or be around a particular person
* Child is overly affectionate and seems seductive with peers and adults
* Child has recurring genital infections or pain in the genital area
* Child has torn, stained, or bloody underclothing
* Child is withdrawn, chronically depressed, or displays infantile behavior
* Child has exceptionally poor peer relationships
* Child is threatened by physical contact
* Child has unexplained money or “gifts”

### Many of the indicators of abuse are common to multiple categories of abuse. Indicators like running away, school problems, aggression, depression, anxiety, withdrawal, excessive worries, substance abuse, self-injury, and suicidal thoughts or actions could be a response to any type of abuse. Deciding why a child needs help is less important than acting on your concern that a child is in harm’s way. Some of the warning signs that someone is at high risk include:

### Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression

### Inappropriately adult(parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)

### Is delayed in physical or emotional development

### Has attempted suicide

### Reports a lack of attachment to the parent.

### **Attachment 1 - MVPC Children and Youth Protection Policy**

### **Mount Vernon Presbyterian Church Children/Youth Volunteer Application**

### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_

### Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_

### In which Children/Youth program(s) are you interested in volunteering for?

### 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What specific skills/interests would you bring to our Children/Youth program? 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Education Background: HS Diploma \_\_\_\_ College Degree in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What experience with children/youth have you had in the last 5 years?

###  Organization Program Dates Contact person w/phone # 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Member of MVPC since \_\_\_\_\_\_\_\_\_ If not a member, when did you start attending MVPC?\_\_\_\_\_\_ Previous church attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor/phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### References (other than family members) Name/Relationship Address/email Phone 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Have you at any time ever: Been arrested for any reason? \_\_\_\_yes \_\_\_no Been convicted of, or pleaded no contest to, any crime involving children/youth? \_\_\_\_yes \_\_\_no Been convicted of, or pleaded no contest to, a moving violation in the last 3 years? \_\_\_\_yes \_\_\_no Engaged in, or been accused of an act of child molestation, neglect or abuse? \_\_\_\_yes \_\_\_no Engaged in, or been accused of using illegal drugs? \_\_\_\_yes \_\_\_no

### If yes to any of the above, please explain:

### **Applicant verification and release:**

### I recognize that Mount Vernon Presbyterian Church (MVPC) is relying upon the accuracy of the information contained on this application. I attest and affirm that all the information that I have provided is completely true and correct.

### I authorize MVPC to contact any person or entity listed on this application and I further authorize any such person or entity to provide MVPC with information, opinions, and impression relating to my background, qualifications, and suitability for volunteer work with children or youth.

### I authorize and give permission for MVPC to conduct a criminal background check on me. I understand that this check will also show any moving violations or at fault accidents on my driving record.

### I release MVPC and any such organization or entity listed herein by me from any and all liability involving the communication of information relating to my background or qualification.

### I understand that all information provided by me is confidential and will be treated accordingly by MVPC.

### I have read the MVPC Children and Youth Protection Policy and agree to follow all its requirements when working with children or youth.

### Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **The confidential and personal information given below will be destroyed once background screening has been completed.**

### Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

### GA Driver’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other state/ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 2 - MVPC Children and Youth Protection Policy**

### **TO BE COMPLETED BY YOUNG VOLUNTEERS AND THEIR PARENTS**

### I am between the ages of 13-18. I have attended an orientation session on the recognition of potential child abuse in children and I have read and agree to abide by all the provisions of the Mount Vernon Presbyterian Church Children and Youth Protection Policy.

### Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_

### As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I affirm that my child (1) has never been found involved in a juvenile offense involving force, threat of force, or sexual abuse; (2) has never shown tendencies toward cruelty; and (3) has my permission to supervise or care for children in activities under the auspices of Mount Vernon Presbyterian Church.

### Parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 3 - MVPC Children and Youth Protection Policy**

### **Mount Vernon Presbyterian Church Child Abuse Incident Report Form**

### This form must be kept in the Child Protection files and is confidential, except that it may be shared with the Georgia Division of Child Services and/or the Sandy Springs Police Department.

### **Person filing this report:** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

### Check One: \_\_\_\_I was an eyewitness or overheard conversation about the incident. \_\_\_\_I was told of the suspected abuse by the alleged victim. \_\_\_\_I was told of the alleged abuse by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who witnessed the incident or overheard conversation about the incident.

### **Description of Incident (be specific):**

### Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Location/Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Name of subject child/teenager involved**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_

### **Name of suspected abuser**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

### Child Abuse Incident Report Form continued

### **Parents/Guardians of subject child/teenager if known**

### Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Address(es)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Cell #’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If the child/teenager does not live with both parents, with whom does he/she live?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Names, Addresses, and Cell #’s of all witnesses:**

### 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List additional people if needed.

### **Signature of reporting person**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **This report has been given to**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Follow Up:**

### The Georgia Department of Child Services has been contacted. \_\_\_\_yes date\_\_\_\_\_\_\_\_\_ No\_\_\_\_

### The Sandy Springs Police Department has been contacted. \_\_\_\_yes date\_\_\_\_\_\_\_\_\_ No\_\_\_\_ If neither, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 4 - MVPC Children and Youth Protection Policy**

### **Outside Group Leaders**

### **MVPC Children and Youth Protection Policy Review Form**

###  I hereby affirm that I have received a copy of and have read the Mount Vernon Presbyterian Church Children and Youth Protection Policy. I agree to abide by all of the provisions contained therein.

###  I also agree to use the policy reporting process if I suspect a situation of child abuse has occurred in relation to the outside group I am responsible for supervising while on Mount Vernon Presbyterian Church property.

###  If an injury or accident occurs while our group is on the MVPC campus I agree to complete an Accident/Injury Report Form and give it to the Director of Christian Education.

### Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Leader Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 5 - MVPC Children and Youth Protection Policy**

###  **Mount Vernon Presbyterian Church PERMISSION/MEDICAL CONSENT FORM AND RELEASE** This form is valid from January 1 – December 31, 20\_\_ for all church-sponsored Children/Youth Ministry activities.

### Child/Youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Additional Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Child/Teen Primary Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please attach a copy of your insurance card to this form.)

### **Past Medical History** Check any that apply to your child/teen: \_\_\_Asthma \_\_\_Sinusitis \_\_\_Bronchitis \_\_\_Heart Issues \_\_\_ Diabetes \_\_\_Dizziness \_\_\_ Hay Fever \_\_\_Shortness of Breath \_\_\_Headaches \_\_\_Nose Bleeds \_\_\_\_Seizures Allergies: Food (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: Drug(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergic reaction(s) to: Insect Bites\_\_\_\_\_ Wasp/Bee Stings\_\_\_\_\_ Poison Sumac/Ivy/Oak \_\_\_\_\_ other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(For any item checked above please attach instructions from a doctor or other health professional on how to treat.)* Current Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Tetanus Shot\_\_\_\_\_\_\_\_\_\_\_ Blood Type(if known)\_\_\_\_\_\_\_\_ Are there any medical conditions that limits your child or teenager’s participation in physical activity? \_\_yes \_\_No If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Consent to Participate**: I, the undersigned, being the parent or legal guardian of the child or youth named above, do hereby consent to the participation of my child/youth in all scheduled children or youth ministry activities of Mount Vernon Presbyterian Church. This consent applies to activities both on and off campus for the calendar year listed on this form. I certify that my child/teen is physically able to participate in all recreational activities except as noted on this form.

### **Medical Treatment Authorization**: I understand that every effort will be made to reach me in the case of a medical emergency involving my child/teen. However, in the event that I cannot be reached I authorize and give permission for any adult leader or church staff member in charge to act on my behalf to secure any and all medical services deemed necessary. I authorize them to give consent to all x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care needed. I understand that Mount Vernon Presbyterian Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

### **Release**: I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge sponsors and the Mount Vernon Presbyterian Church from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any injury to my child/teen while participating in church-sponsored activities.

### Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Notary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seal: On this the \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_personally known by me and in my presence, executed the within and foregoing Permission/Medical Consent and Release form. Witness my hand and seal. My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 6 - MVPC Children and Youth Protection Policy**

### Accident/Injury Report

### Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name of Injured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_

### What happened?

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Was medical treatment needed? \_\_\_\_yes \_\_\_no Was parent/guardian contacted? \_\_\_ yes \_\_\_\_no (why not? )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What kind of medical treatment was given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Who authorized treatment? \_\_\_\_\_Parent \_\_\_\_other adult on site (name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

### Witnesses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Person filing this report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### This report was given to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 7 -** **MVPC Children and Youth Protection Policy**

### Parent/Guardian Meeting Permission

### I, the parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for

### him/her to meet with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for

### the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###  (Site of meeting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

### Parent/Guardian Transportation Permission

### I, the parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for

### him/her to be transported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### From (location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To (location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### On (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Attachment 8** **MVPC Children and Youth Protection Policy**

### **Parent Waiver of the Two Adult Rule**

### I, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby waive the two adult rule mandated by the MVPC Children and Youth Protection Policy concerning my child or teenager’s participation in the following activity or event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### Date of activity/event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### I understand this is a one-time waiver and does not apply to any other events, activities or trips in which he/she might be participating.

### Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_