

## **Policy and Consent Form**

### **Sick Child Policy**

It is our desire to provide a healthy and safe environment for all of the children in our care. Parents are encouraged to be considerate of other children when deciding whether to place a child under our care. In general, children with the following symptoms should not be dropped off:

- Fever, diarrhea, or vomiting within the last 48 hours
- Eye or skin infections
- Symptoms of Covid 19 or positive test result
- Other symptoms of communicable or infectious disease

Children who are observed by our workers to be ill will be separated from the other children and the parent or guardian will be contacted to request that the child be picked up for the day.

### **Covid 19**

- Masks are recommended but not required.
- We have air purifiers located throughout the building and we will also be having outdoor activities.

### **Medication Policy**

It is the policy of the Evangelical Covenant Church not to administer either prescription or non-prescription medication to children under our care. Medications should be administered by parents at home. Parents should also be notified of the Sick Child Policy.

Exceptions to the medications policy may be granted to parents with potentially life-threatening conditions (e.g., asthma or severe allergic reactions). Parents of such children should address their situation with the children's ministry pastor or director to determine a plan of action.

### **Accidental Injuries**

In the event a child or youth is injured while under our care, the following steps should be followed:

1. For minor injuries, scrapes, and bruises, workers will provide first aid as appropriate and will notify the child's parent or guardian of the injury at the time the child is picked up.
2. For injuries requiring medical treatment beyond simple first aid, the parent and/or guardian will immediately be summoned in addition to the worker's supervisor. If warranted by circumstances, an ambulance will be called.
3. Once a child has received appropriate medical attention, an Accident/Injury Report Form will be completed and kept on file at the church.

**Grace Covenant Church**  
740 Del Monte Ave, South San Francisco, CA 94080

**Parental Consent and Medical Authorization**

Name of child/youth:

Grade:

Age:

Address:

Phone:

As the parent (or legal guardian) of: [child's name],

I understand that my child will be participating in outdoor activities (e.g., relay races, soccer, etc.) and pose some risk for injury. I consent for my child to participate in these activities.

**Medical Treatment Authorization**

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child's participation in any of the activities listed above.

I also give my permission for the church's children's and/or youth leaders to restrict my child from participation in any activity for the sake of their health or safety.

**Allergies and Other Health Considerations:**

Insurance Company:

Policy/Group #:

Phone Day:

Phone Evening:

\_\_\_\_ I give my permission for photographs or videos to be able to be used by Grace Covenant Church for promotional use. No child information (names, ages, etc.) will be included.

Signature:

Date: