



# Annual Parents' Night Out Participation Agreement

Effective Dates: January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018

## CHILD/PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Date this form is filled out: \_\_\_\_\_ Grade currently (*Select one*): \_\_\_\_\_  
*(Nursery includes children ages 0-2; Pre-K includes children age 3 and older not yet in Kindergarten.)*

## PARENT/ GUARDIAN INFORMATION

Name(s): \_\_\_\_\_

If you have already filled out an "Annual **Children's Ministry Sunday School Program Participation Agreement**" for the 2017-2018 school year OR a "**Vacation Bible School Participation Agreement**" for the 2018 year, and the information has not changed since, you *do not* have to fill out this portion.

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

Email(s): \_\_\_\_\_

List all phone numbers where the parent(s)/guardian(s) can be reached (type: i.e. home, cell)

Name: \_\_\_\_\_ # \_\_\_\_\_  Home  Cell  Work

Name: \_\_\_\_\_ # \_\_\_\_\_  Home  Cell  Work

Name: \_\_\_\_\_ # \_\_\_\_\_  Home  Cell  Work

Name: \_\_\_\_\_ # \_\_\_\_\_  Home  Cell  Work

## EMERGENCY CONTACT

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

**PARENTAL CONSENT:** The undersigned does hereby give permission for my child, \_\_\_\_\_ (child's name), to attend and participate in First Lutheran Church's Parents' Night Out program during the period of January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018.

**PHOTO USE AGREEMENT:** I hereby grant, voluntarily and with full understanding, to First Lutheran Church, a license to use and store my child's name and image(s) by means of digital or film photography, video photography, audio recording or other documentation with respect to all Parents' Night Out activities/events, as stated in First Lutheran Church's Photo Use Agreement policy.

**Please check one** →  Yes, I agree and give my consent.  No, I do not agree or give my consent.

**LIABILITY RELEASE:** In consideration of First Lutheran Church allowing the Participant to participate in First Lutheran Church's Parents' Night Out program I, the undersigned, do hereby release, forever discharge and agree to hold harmless First Lutheran Church Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the Parents' Night Out program activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in Parents' Night Out activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**EARLY HOME POLICY:** Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility. (See the Parents' Night Out Expectations Agreement.)

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parents' Night Out Photo Use Policy and Pick-up Time Agreement

Effective Dates: January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018

*Note: This form only needs to be filled out ONCE per family.*

### **Photo Use Agreement Policy:**

Participants and/or legal parents/guardians of participants under the age of 18 who agree and give consent to the Photo Use Agreement on the Participation Agreement form grant to First Lutheran Church a license to the following:

1. Use and storage of his/her/their child's/children's name(s) and image(s), by means of digital or film photography, video photography, audio recording or other documentation, with respect to all activities and events of First Lutheran Church in which his/her/their child(ren) participate.
2. Use of any stored data including his/her/their child's/children's name(s) and image(s) in printed publications of Church.
3. Use of any stored data including his/her/their child's/children's name(s) and image(s) in electronic publications of Church.
4. Use of any stored data including his/her/their child's/children's name(s) and image(s) in any Web site created by or for Church for its sole benefit.
5. If a dispute over this agreement or any claim for damages arises, he/she/they agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If he/she/they cannot agree with Church upon such a process, the dispute will be submitted to a three-member arbitration panel of the Ambassadors of Reconciliation for final resolution.

Participants and/or parents/guardians of children under the age of 18 may deny First Lutheran Church this permission, regarding the Photo Use Agreement, and they and/or their child(ren) may still participate in the approved event/activity.

### **Pick-up Time Agreement:**

I, (*printed name of parent or guardian*) \_\_\_\_\_, understand and agree to the following expectations:

1. Parents are expected to pick up their child from First Lutheran Church's Parents' Night Out program by 8:30 PM.
2. Parents' Night Out allows a five minute grace period for child pick-up after the end of the program.
3. At 8:35 PM, parents will be considered late in picking up their children.
  - The 1<sup>st</sup> time (a) parent/s is/are late, a verbal warning will be given.
  - The 2<sup>nd</sup> time (a) parent/s is/are late, the family will be asked to not come to the following month's PNO (one month suspension).
  - The 3<sup>rd</sup> time (a) parent/s is/are late, the family will be asked to no longer come for the following nine months' PNO.
4. At 9:00 PM, if (a) parent/s has/have still not arrived to pick up his/her/their child(ren), law enforcement will be called.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parents' Night Out Medical Release Form

Effective Dates: January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018

### CHILD/PARTICIPANT INFORMATION (Please Print)

Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

### PARENT/ GUARDIAN INFORMATION (Please Print)

Parent/Guardian Name(s): \_\_\_\_\_

If you have already filled out a "Vacation Bible School Participation Agreement" for the 2018 year, and the information has not changed since, you *do not* have to fill out this portion.

#### PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_ Name of practice: \_\_\_\_\_

Phone(s): \_\_\_\_\_

#### INSURANCE INFORMATION

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy/Group ID#: \_\_\_\_\_

#### EMERGENCY MEDICATION

List all medications the participant might need to take during First Lutheran Church's Vacation Bible School program. This may include an EpiPen, inhalers, or other emergency prescription medications. Adult leaders will be informed of any emergency medication that a participant may need.

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### EMERGENCY MEDICATION PERMISSION

Do you give permission for your child to be given the above listed emergency prescription medication as needed and as directed on the label, to treat any possible emergency medical conditions that may occur as during First Lutheran Church's Vacation Bible School program?

**NO.** Contact me or get medical help if my child has any emergency medical concerns.

Parent signature: \_\_\_\_\_

**YES.** I give permission for an adult leader to give my child approved emergency prescription medications as directed on an as needed basis to treat emergency medical conditions.

Parent Signature: \_\_\_\_\_

#### MEDICAL TREATMENT PERMISSION AND AUTHORIZATION:

I understand that my or my minor child's/ward's presence at and participation in First Lutheran Church's program or activity presents varying degrees of certain risks-some of which are unknown-which may arise from a condition of the premises at which the program or activity is held; from the action of any person in connection with the preparation for, supervision of or conduct of any activity whether planned or unplanned; or from foreseeable or unforeseen elements or factors. I hereby give informed and expressed consent for this individual to take part in all activities under supervision, and agree that the church or church personnel will not be held responsible for accidents arising there from. I authorize the designated church staff to provide appropriate treatment to this individual for injuries and/or illness. This includes, but is not limited to, following First Lutheran Church's medical procedures and protocols, following poison control recommendations, administering prescription medications as noted above, transportation to clinic or hospital care, and following directions from the medical director. I understand that the information on this form may be released to the appropriate medical personnel in case of emergency. I agree to pay any cost for medical care in the event of an emergency, even if I do not have health insurance coverage or not all costs are covered by insurance. I also understand that failure to disclose medical or emotional problems in advance may lead to serious consequences while at a church activity/program. Lastly, I verify that everything contained on this form is complete and accurate, to the best of my knowledge.

Parent's/Guardian's Printed Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parents' Night Out Medical Information Form

If you have already filled out a **"Vacation Bible School Participation Agreement"** for the 2018 year, and the information has not changed since, you do not have to fill out this portion.

### Health History

Condition	Check One	If Yes:	Condition	Check One	If Yes:	Condition	Check One	If Yes:	Condition	Check One	If Yes:
Sight or Hearing Impairment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Recurrent Headaches	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Heart Disease or Problems	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Diabetes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past
Contacts	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Epilepsy or Convulsions	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Ear, Nose, or Throat trouble	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Anxiety, or Depression	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past
ADD or ADHD	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Motion Sickness	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Sleepwalking	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Disease or injury to joints or back	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past
Hearing Aids	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Asthma	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Stomach or Intestine trouble	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past	Dizzy Spells or Fainting	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Current <input type="radio"/> Past

Comments, other issues, physical limitations and/or list surgeries:

### Allergies

Type of Allergy	Check One	Describe/Specify Allergen	Severity of Reaction (please check one)	Describe Reaction
Food	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	
Medication	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	
Environmental (animal, plant, insect, etc.)	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	
Other	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	

**Blood Type:** \_\_\_\_\_ **Date of last tetanus shot? (or estimated date):** \_\_\_\_\_

**Medical Conditions:** Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any other medical conditions the participant may have that are not listed in the above table.
  
2. Does the participant have any condition that would prevent him/her from participating in any particular activity? Please list.
  
3. Are any drugs ineffective in treatment?
  
4. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.



## Parents' Night Out Expectations Agreement

*Note: This form only needs to be filled out ONCE per family.*

First Lutheran Church's members and staff believe that it is essential participants know, understand, and abide by certain expectations in order to fully experience an enjoyable, fun, and safe time during the Parents' Night Out program. Please read the following expectations and consequences before signing below. If you have any questions regarding this form, please contact the Program Coordinator.

NOTE: Please do not allow your child to bring any personal items (ex: toys, stuff animals, trinkets, etc.) to Parents' Night Out that if lost, he/she would be upset.

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### Expectations

- Love (God, others, and yourself)
- Respect (Adults, children, and property)
- Listen (When someone is talking)
- Remain with your group (even during dinner and the movie)
- Have fun (participate with the group)

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### Consequences

The following disciplinary measures will be taken if agreed upon expectations are continuously not being met by a child, or if extreme behavior warrants such action.

1. 1<sup>st</sup> Strike – Verbal Warning - The child will speak with his/her shepherd and program coordinator to discuss what the child needs to do in order to rejoin his/her group.
2. 2<sup>nd</sup> Strike - If negative behavior persists, the shepherd is to bring the child to the program coordinator a second time. This time, the program coordinator will call the parents to inform them of the situation. The child and his/her shepherd will be present at this time. If the child is old enough, he/she will explain to his/her parent(s) the behavior that resulted in the program coordinator calling them.
3. 3<sup>rd</sup> Strike - If the negative behavior does not change, the program coordinator will call the child's parents and request that they pick up their child immediately. The program director reserves the right to bypass the 1<sup>st</sup> and 2<sup>nd</sup> strike in extreme cases.

**If immediate pick-up is necessary**, parents will be responsible to IMMEDIATELY come and pick up their child and cover all costs incurred as a result. There will be no refund of any expense.

**PARENT AGREEMENT:** I have read the expectations and consequences. I understand that if my child(ren)'s behavior necessitates leaving the Parents' Night Out program for the night, I will be responsible for immediately picking up my child(ren) and covering all costs involved.

Parent's/Guardian's Printed Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form at your earliest convenience to: First Lutheran Church, 225 S. Black Ave., Bozeman, MT 59715 or email it to Office@1stlutheranmt.org.*