

XIII. Appendix#2-Certificate of Parental Authority

Shelbourne Street Church Child/Youth

Date of event or excursion: _____

Event: _____

TRAVEL FORM

Event address or destination _____

Phone number of destination: _____

Travel is by (circle one) rental vehicle/bus/car-driver(s)

Leaving at _____ **a.m. / p.m.**

Meet at Shelbourne Street Church:

Time: _____ **Date:** _____

Returning at:

Time: _____ **Date:** _____

I have read the attached trip agenda and itinerary. I have also reviewed the behavioural and safety expectations with my student. I understand that travel of any kind involves the acceptance of a reasonable risk by parents, supervisors and the students themselves.

I give permission for my son/daughter (name)_____

to participate in this event. Signed:_____

Shelbourne Street Church Child/Youth

Date of event or excursion: _____

Event: _____

MEDICAL FORM

Student's name: _____

Birthdate: _____

Address: _____

Postal Code: _____

Medical Alert: (Please give details of problem no matter how minor it may seem to you.
List all allergies - such as food, medications or insects.)

Special Medication Required: No ☐ Yes ☐

Give Details:

Dose: _____

Frequency: _____

Why taken: _____

Will student be carrying above medication: No ☐ Yes ☐

MEDICATIONS: We **may** be stocking some non-prescription medications listed below in our First-Aid kit. In the event that your student will required one of these medications, we ask you to review them and tick off those you would allow us to administer.

- ☐ Antacids (Tums, Pepto)
- ☐ Antidiarrhea (Immodium, Kaopectate)
- ☐ Antihistamines (Benadryl, Chlorotripilon)
- ☐ Expectorant (Robitussin, Benalyn Formula)
- ☐ Gravol
- ☐ Polysporin ointment

- ☐ Topical Analgesic (treatment for sunburns)
- ☐ Tylenol

continued.....

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

SIGNATURE OF PARENT/GUARDIAN: _____

IN CASE OF EMERGENCY

Full name of Parent or Guardian: _____

Phone number: _____

Cell number: _____

Family doctor: _____

Phone number: _____

Care card number: _____

Shelbourne Street Church Child/Youth

Date of event or excursion: _____

Event: _____

BEHAVIOURAL AND SAFETY EXPECTATIONS

The following rules of conduct shall apply to all child/youth participants:

1. Students will be supervised by at least 2 Leaders at all times;
2. Students are expected to observe any curfew initiated during the trip;
3. Intoxicants in any form are not permitted at any time;
4. Punctuality is expected at all times;
5. Overnight arrangements (if applicable): with a desire for all to participate and feel comfortable, males will be in rooms assigned to males; females will be in rooms assigned to females, and private spaces available upon request for youth more at ease with this;
6. Courtesy and respect will be afforded all persons encountered on the trip;
7. Any student who feels ill or encounters any problems must inform one of the Leaders immediately;
8. Any pre-existing medical conditions must be reported to one of the leaders prior to trip departure;
9. Any accommodations used during the trip are to be kept clean and free from damage;
10. All students are expected to participate in all activities to the best of their ability and be part of the group, as team building and fellowship are part of the trip;
11. All Leaders will converse on any activity / schedule change, and permission granted to students;
12. Students will respect the decision made and given by any of the Leaders on the Retreat;
13. Students will be expected to be in groups of 3 when given permission to leave the large group;

continued.....

We, the undersigned, understand that our son/daughter, (name)_____ is subject to the above mentioned regulations governing Shelbourne Street Church _____trip and that any violation of the regulations will result in some form of disciplinary action upon return to Victoria.

Should our son/daughter behave in such a way as to have parent/guardian requested to pick up said son/daughter, pick up is expected to happen in a timely manner on the day/night of the request.

Dated at Victoria, on this_____day of_____20_____.

Understood and agreed to by

Signature of Parent or Guardian

Signature of Student

XIV. Appendix#3-Student Overnight Accommodation Form

Shelbourne Street Church Child/Youth

Date of event or excursion: _____

Event: _____

STUDENT OVERNIGHT ACCOMMODATION FORM

To be completed by parent/guardian

Student's Last Name: _____

Student's First Name: _____

Address: _____

Postal Code: _____

Parent's/Guardians' Last Name: _____

Parent's/Guardians' First Name: _____

Phone number: (H) _____ Phone number: (W) _____

Cell number: _____

Email: _____

Emergency Contacts:

Name (1): _____

Phone number: (H) _____ Cell: _____

Name (2): _____

Phone number: (H) _____ Cell: _____

continued.....

Medical Alert Information (allergies, dietary restriction, medications, existing medical conditions) that you want the supervisors to know about and have not previously informed us of?

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

SIGNATURE OF PARENT/GUARDIAN: _____

We give permission for our son/daughter (name)_____

to stay overnight at Shelbourne Street Church on (date) _____

We agree to abide by all rules and regulations for this event.

Dated at Victoria, on this _____ day of _____ 20_____.

Understood and agreed to by

Signature of Parent or Guardian

Signature of Student

XV. Appendix#4-Student permission form

Shelbourne Street Church Child/Youth

Date of event or excursion: _____

Event: _____

STUDENT PERMISSION FORM

To be completed by parent/guardian

Student's Last Name: _____

Student's First Name: _____

Address: _____

Postal Code: _____

Parent's/Guardians' Last Name: _____

Parent's/Guardians' First Name: _____

Phone number: (H)_____ Phone number: (W)_____

Cell number: _____

Email: _____

Emergency Contacts:

Name (1): _____

Phone number: (H)_____ Cell: _____

Name (2): _____

Phone number: (H)_____ Cell: _____

continued.....

Medical Alert Information (allergies, dietary restriction, medications, existing medical conditions) that you want the supervisors to know about and have not previously informed us of?

Permission is given to seek medical attention and for release of medical records. Parents will be notified.

SIGNATURE OF PARENT/GUARDIAN: _____

We give permission for our son/daughter (name)_____

to participate in this event on (date) _____

We agree to abide by all rules and regulations for this event.

Dated at Victoria, on this _____ day of _____ 20_____.

Understood and agreed to by

Signature of Parent or Guardian

Signature of Student

XVI. Appendix#5- Church Volunteer Driver Application

Shelbourne Street Church Child/Youth

SHELBOURNE STREET CHURCH VOLUNTEER DRIVER'S APPLICATION FORM

(please print)

Last Name: _____ First Name: _____

Address: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Email address: _____

Vehicle model: _____ Year: _____

Make: _____ License Plate # _____

Class of Driver's License: _____

Registered owner (if different from the above): _____

Amount of Insurance Liability (minimum \$2million): _____

Number of seatbelts: _____

In accordance with Shelbourne Street's Safety Policy, Appendix #4 p.13A, it is the responsibility of the driver to make sure the following conditions are met:

- A) The driver must have a valid B.C. Driver's License.
- B) The driver must be an adult aged 19 or over.
- C) The driver and all passengers must wear seatbelts, approved booster seats or child restraint seats as required by the current B.C. Motor Vehicle Act.
- D) No child or youth under the age of 13 is permitted to sit in the front passenger seat of a vehicle equipped with an airbag.
- E) The vehicle must be in safe operating conditions.
- F) The vehicle must operate in a safe, legal manner and operated consistently with any driver, license or insurance restrictions.
- G) There will be no smoking in the vehicle.
- H) The driver, if newly licensed must conform with any application restrictions.
- I) The driver agrees not to use any wireless communication (e.g. cell phones, blackberries, bluetooths) while operating the vehicle.

Failure to comply with the above conditions may result in the volunteer driver authorization being revoked.

continued.....

To the best of my knowledge, the vehicle identified above is in safe, roadworthy condition and my driver's license is in good standing. I have read and agree with the above conditions regarding the driving of children, youth and vulnerable persons. I also accept the responsibility of notifying Shelbourne Street Church of any changes in the above information.

Driver's signature: _____

Driver's License #: _____ Date: _____

Registered owner's signature of approval (if not the driver): _____

Date: _____

Church office signature: _____ Date: _____