

# Idlewild Baptist Church Special Needs Ministry Health & Safety Agreement

Please read the following statements carefully and initial in the designated space indicating that you have read, understand, and agree to the provisions.

\_\_\_\_\_ I have disclosed to Idlewild Baptist Church all pertinent facts and medical conditions about my child's special needs and accept full responsibility for failure to do so.

\_\_\_\_\_ My child has the following food allergies:

\_\_\_\_\_ I understand that no medication will be given.

\_\_\_\_\_ In case of an emergency or accident, I understand that I will be paged immediately. If necessary, 911 will be called.  
(list of current medications is attached)

\_\_\_\_\_ If my child shows ANY symptoms of illness within the last 24 hours, I/we will not leave him/her in the care of the Special Needs Ministry. If my child shows any symptoms of illness while in the care of the Special Needs Ministry, I understand I will be paged and asked to pick up my child.

\_\_\_\_\_ I understand that Special Needs Ministry volunteers will do everything possible to redirect inappropriate behavior. If my child is behaving in a manner that is considered dangerous to the other children or the volunteers, I will be paged and asked to assist in calming my child.

I have read and initialed the above permission/authorization statements and agree to the terms designated in each.

Participant's name: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date