Dewy Rose Baptist Church, Inc.

1923 Pulliam Mill Road, Dewy Rose, Georgia 30634

(706) 213-0712

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

**Child’s Address** (if different than above address)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

**Person(s) to contact in case of emergency**:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information**

**1st Child’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_

**Medical Info:**

List any medical conditions or physical limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_/\_\_\_\_\_\_

**2nd Child’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_

**Medical Info:**

List any medical conditions or physical limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_/\_\_\_\_\_\_

**3rd Child’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_

**Medical Info:**

List any medical conditions or physical limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_/\_\_\_\_\_\_

**4th Child’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_

**Medical Info:**

List any medical conditions or physical limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_/\_\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

In the event of a medical emergency, I hereby constitute and appoint the designee, an authorized representative of Dewy Rose Baptist Church, Inc., as my attorney-in-fact to perform all acts involving any necessary medical treatment for the participant named on this form. This includes, but is not limited to, requesting, authorizing and securing the services of a licensed physician to administer any medical treatment which such doctor deems necessary or advisable for the medical care of the participant; transporting or arranging transportation for the participant to an adequate medical facility; signing medical authorizations, informed consent(s), hospital admissions records, and any other written instruments necessary for the participant to receive medical treatments; and, to do all said acts in my name, place and stead, I do hereby ratify and confirm all acts performed by said designee. I also authorize medically appropriate emergency care to preserve the life or limbs of the participant if otherwise medical assistance is not available. I agree to be responsible for all charges incurred in the treatment of participant, including but not limited to, ambulance fees, doctor fees, and hospital charges. I hereby waive the right to hold Dewy Rose Baptist Church, Inc. and its representatives legally responsible in the exercise of the authorizations given herein.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE INFORMATION (PLEASE ATTACH A COPY OF INSURANCE CARD TO THIS FORM)**

Medical Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person bringing this child to church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRBC Media Release Form**

It is our custom to photograph the participants of our various ministries while taking part in activities throughout the year. These photographs are used as a ministry tool in the form of news releases (i.e., The Elberton Star) and on our own website (<http://www.dewyrosebc.org>). Please check one of the statements below, sign and date.

\_\_\_Yes, I give permission for me/my child (circle one) to appear in any photographs associated with Dewy Rose Baptist Church in the formats listed above.

\_\_\_ No, I do not give my permission for me/my child (circle one) to appear in photographs associated with Dewy Rose Baptist Church in the formats listed above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participants Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents/Guardians Signature Date**

**(If Participant is a minor)**

**Van Permission**

*My child/children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*has permission to ride the church van to and from Dewy Rose Baptist Church for any church related activity. I also understand that my child/children may be picked up and dropped off at a designated van stop.*

**By signing this, I am agreeing to all medical, media, van, and discipline rules within this packet.**

**Parent/Guardians Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEWY ROSE BAPTIST CHURCH**

**1923 Pulliam Mill Road**

**Post Office Box 149**

**Dewy Rose, Georgia 30634**

SUBJECT: Policy Letter Concerning Rules & Discipline for Children & Youth

Purpose: The purpose of this policy letter is to establish written policy concerning a standard of rules that all adult leaders, children and youth can understand and follow. It will also assist the leadership in being consistent in the discipline and growing of the children here at Dewy Rose Baptist Church.

Applicable: The policies outlined in this letter apply to all children and youth participating in any Dewy Rose Baptist Church sanctioned event, whether conducted at DRBC or away from DRBC. All leaders are expected to become familiar with and enforce these rules as described below.

Effective: Immediately

Rules:

1. Children will not be left alone in a room for an extended period of time. Times before Sunday School, Explorers, and other scheduled events when an adult is scheduled to arrive shortly will be permitted.

2. Youth from the 6th – 12th grades are never permitted to be alone in a room with the opposite sex.

3. Children will not be disruptive in any way. We will show respect for our teachers and our classmates.

4. There will be no type of intentional destruction of church property, nor will children be allowed to remove items from the church without the adult leaders’ permission. Children are expected to clean up after themselves.

5. There will be no tolerance for any child being disrespectful to a teacher, listener, or any authority figure here at the church.

6. Children are expected to be honest.

7. No food or drink is allowed on the bus or van at any time.

8. Children are not to physically touch each other inappropriately in any way. There will be no pushing, hitting, fighting, or public display of affection. Holding of hands is permitted in the youth, if it is allowed by their parents.

9. When riding the van or bus after dark, no two youths of the opposite sex will occupy the same seat. No exceptions.

10. Children are not permitted to leave a classroom, building, or event without a parent or adult.

11. Children are not permitted to have any food or drink in buildings or classrooms without permission from an adult leader.

Discipline:

When we administer any type of correction to any child we need to be reminded that it is to be done in love. **Rules** without **Relationship = Rebellion**, but **Rules** with **Relationships = Discipline** and **Growth**. If for any reason you cannot administer the following without love, find another adult to help.

**Children or youth that do not follow these guidelines will be disciplined as follows:**

Step 1: If a child or youth is disobeying, the teacher will correct the problem swiftly and consistently. We must be consistent.

Step 2: If the child or youth will not obey, he/she is to be taken away from the other children and spoken to “one on one” by the person in charge. The person in charge will inform the parent of the incident.

Step 3: The child or youth will be taken to the Pastor, Associate Pastor, Deacon, Explorer Commander, or Children’s Director.

Step 4: There will be a suspension of two weeks for this child or youth from any extra curricular activities in the church. If the parents of the individual attend Dewy Rose Baptist Church, the child will attend services with the parents during these activities. If the child rides on the van or bus, they will not be able to ride the van for these two weeks.

The following is a list of all extra-curricular activities:

B.A.S.I.C.

Explorer

M&Ms

KINGDOM KIDS

Any trips or parties planned by church ministry

On Target Disciple Archery

Changes: All changes to this policy must be made by the governing body of Dewy Rose Baptist Church during a regularly scheduled meeting.

Approval: This policy was approved by the deacons during their monthly meeting on September 8, 2003.

Updated: January 15, 2019

I HEREBY AGREE TO ALL THE ABOVE RULES AND DISCIPLINES MEASURES FOR MY MINOR CHILD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARENTS SIGNATURE & DATE)