

Highland Mennonite Brethren Church

Conduct Manual

Plan to Protect® Policy

APPENDIX 8 - ANNUAL REGISTRATION AND RELEASE FORM

(FOR HMBC-SPONSORED MINISTRY ACTIVITIES INVOLVING CHILDREN, YOUTH, OR VULNERABLE ADULTS)

As part of the Plan to Protect® registration process at Highland Mennonite Brethren Church (“HMBC”), a Parent or Caregiver must complete an Annual Registration and Release Form (“ARRF”) for each Child/Youth under the age of 18 or Vulnerable Adult participating in an HMBC-sponsored Ministry Activity and submit it to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396. Upon review and any required follow-up, the original document shall be maintained indefinitely in a confidential file in the HMBC office or archives. Personal information collected may also be stored in a password-protected database. A temporary copy of the ARRF shall be maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.

Child/Youth/Vulnerable Adult Information					
Last Name:		First and Middle Names:		Other Name(s)/Nickname(s):	
Birthdate (m/d/yyyy):				Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Street/Mailing Address:			Home Phone #:		Cell Phone #:
City:	Province:	Postal Code:	E-mail Address:		
For Minors only					
Age and/or Grade:			School:		
Emergency Contact (in the case of custody agreements, please include proper authorizations)					
Parent or Primary Caregiver:		Cell Phone #:		E-mail Address:	
Parent or Additional Caregiver:		Cell Phone #:		E-mail Address:	
Other Emergency Contact:		Cell Phone #:		Relationship:	
Health (to assist HMBC Staff and Volunteers in obtaining medical aid in emergencies)					
Family Doctor/Pediatrician:				Phone #:	
Health Insurance: (HMBC’s insurance is secondary insurance only. Your medical insurance carrier will be billed for medical charges in case of illness or injury while your Child/Youth/Vulnerable Adult is participating in HMBC-sponsored Ministry Activities.)					
Alberta Personal Health Care #: _____ Additional Carrier/Policy #: _____					
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please list details:					
Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please list any physical, emotional, mental, behavioural concerns or limitations that HMBC staff and volunteers should be aware of:					
Is your Child/Youth/Vulnerable Adult bringing any medication with him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please complete a Medication Authorization (Appendix 9).					

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Releases – The safety of your Child/Youth/Vulnerable Adult is our primary concern. Precautions will be taken for their well-being and protection. The signature of the Parent/Caregiver on this <i>ARRF</i> shall give HMBC the following permissions, with the understanding that the Parent/Caregiver is signing on behalf of the Child/Youth/Vulnerable Adult listed on this <i>ARRF</i> :		
Liability Release – <i>I, the Parent/Caregiver named below, undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child/Youth/Vulnerable Adult as a result of participating in HMBC-sponsored Ministry Activities, as well as of any medical treatment authorized by the supervising individuals representing HMBC. This consent and authorization is in effect only while participating in HMBC-sponsored Ministry Activities.</i>		
Medical Release – <i>I, the Parent/Caregiver named below, authorize screened HMBC staff or volunteers to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for my Child/Youth/Vulnerable Adult while participating in HMBC-sponsored Ministry Activities.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation Release – <i>I, the Parent/Caregiver named below, give consent for my Child/Youth/Vulnerable Adult to be transported by bus, van, or personal vehicle operated by screened HMBC staff or volunteers while participating in HMBC-sponsored Ministry Activities.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication Release – <i>I, the Parent/Caregiver named below, grant permission for screened HMBC staff or volunteers to communicate with my Child/Youth/Vulnerable Adult in any or all of the following ways:</i> <input type="checkbox"/> Phone (home/work/cell) <input type="checkbox"/> Social Media Networks <input type="checkbox"/> E-mail <input type="checkbox"/> Text messages		
Photo Release – <i>I, the Parent/Caregiver named below, grant permission for the reasonable use of the likeness of my Child/Youth/Vulnerable Adult in any or all of the following ways:</i> <input type="checkbox"/> Brochures/Promotional materials <input type="checkbox"/> Church Building <input type="checkbox"/> Newsletters <input type="checkbox"/> Videos <input type="checkbox"/> Website No likeness will be tagged or labelled with the name of the Child/Youth/Vulnerable Adult.		
Drop-off/Pick-up Release (only for Grade 2 and under) – <i>I, the Parent/Caregiver named below, permit the following individual(s) to drop off/pick up my Child for HMBC-sponsored Ministry Activities:</i>		
Name(s):	Cell Phone #:	Relationship to Child:
Purposes and Extent		
HMBC collects and retains this information for the purpose of enrolling your Child/Youth/Vulnerable Adult in our programs, to assign them to the appropriate group, to develop and nurture an ongoing relationship, and to inform you of HMBC-sponsored Ministry Activities. This information is maintained indefinitely as required by our insurance company and legal counsel; and shall be accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child/Youth/Vulnerable Adult's information, please contact us.		
Please sign below once you have read, understood, and agreed with the above.		
Parent/Caregiver Signature:	Printed Parent/Caregiver Name:	Date:
This <i>ARRF</i> is valid from date of signature until August 31, 2018 (unless otherwise stated).		
A separate <i>Letter of Informed Consent</i> (Appendix 10) shall be provided and a Parent or Caregiver's <i>Informed Consent</i> given for HMBC-sponsored Ministry Activities of elevated risk (including off-site travel).		

Approval Date: Pending (HMBC will continue to adhere to its Safe Place Policy until this Plan to Protect® Policy is fully reviewed/approved)
 Approved by: Leadership Team
 Notice to: Membership

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