To best provide for the safety of your student and all participants in SHCC activities/events, this questionnaire enables us to either contact you or resolve any circumstance which may arise. Please complete this questionnaire to the best of your ability. The information in this questionnaire may be shared with SHCC staff and ministry volunteers as needed. If any situation comes up, we will contact you at the numbers provided. Thank you for allowing us to partner with you and your family.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact #1**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone:

Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

**Emergency Contact #2**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone:

Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

**Emergency Contact #3**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone:

Preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work, cell, home – circle one)

**Regular Youth Group Open-Door Guidelines**

In order to provide for the safety of your student and others, please abide by the following guidelines for acceptable times for students to be on SHCC property without parental supervision. **Regular open-door times for youth group are 5:30 to 8:45 PM**. We ask that you do not drop off before or leave your student after these times without making prior arrangements with an SHCC staff or volunteer. SHCC cannot guarantee the presence of a responsible adult outside of these times. If a student arrives before or is not picked up after these times, we will contact you. Thanks for your understanding.

**Safety and Health Information**

Is there anyone who cannot pick up your student:

Is it okay for SHCC staff or volunteers to transport your student: Yes/No - Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is it okay for SHCC staff or volunteers to post pictures of your student on social media? Yes/No

If your student has a medical issue while under our supervision are there any guidelines you would like us to follow:

If your student has a disciplinary issue while under our supervision are there any guidelines you would like us to follow:

Are there any areas of concern/safety (mental or physical health, family situations, or other) which SHCC will need to be aware of, to best provide for the safety of your student and family:

Please list any allergies your student has:

Is there anything else which would be helpful for us to know in regard to your student:

If in the future, anything new arises which would help us to better serve your family, please don’t hesitate to let us know so that we can update this questionnaire.

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

 Printed Name Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_