



Kingdom Kids

Special Medical Needs Agreement Parent Questionnaire for Children with Special Considerations

At Oak Hills Church we care for each participant in our children's ministry. These questions are asked for the benefit of your child and so that we may provide the best experience and safest environment for everyone involved. Our church and our Children's Ministry volunteers respect your family's right to privacy. Any information shared from this form is communicated directly with those caring for your child and only on a need-to-know basis. Please answer the questions that apply that may help our church best minister to your child.

Child's name: _____

Child's age: _____

Child lives with: _____ both parents _____ mother _____ father

_____ other

1. My child has the following diagnosis, medical condition or learning difference:

2. My child has a primary health condition:

3. My child's main mode of functional communication is:

4. My child currently receives therapies and special instruction in:

5. My child has an Individualized Education Plan Yes ___ No ___

6. If yes, please describe the IEP.

7. My child has the following areas of interest.

8. My child needs assistance with:

9. My child is uncomfortable with:

10. A trigger-point for a potential meltdown is:

11. If my child experiences a melt-down he/she calms when we:

12. My child (circle one) does/does not enjoy music.

13. My child (circle one) would/would not enjoy a large group worship experience.

14. My child is prone to seizures yes/no. If yes, tell what prompts the seizure and how we can respond:

15. In the event of an emergency I request the following course of action:

___ Locate one of the child's guardians and advise him or her of the situation.

___ Contact emergency medical assistance by calling 911.

16. I acknowledge and agree that, while the Ministry will attempt to take appropriate actions if an emergency occurs, the Ministry is not a medical facility and cannot be held liable for any resulting injury. Accordingly, I agree on behalf of both the guardian and the child, to indemnify, defend, and hold harmless the ministry, its agents, employees, volunteers, and other representatives for injury arising directly or indirectly out of the described medical needs of the child.

17. My signature below is the agreement that I have received and read the Kingdom Kids Parent Information Sheet.

