



600 Stony Battery Road  
Landisville, PA 17538  
717.898.1551

## 2017-2018 Youth Release Form

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I GIVE PERMISSION FOR MY CHILD TO RECEIVE OR BE A PART OF THE FOLLOWING ROUTINES OR ACTIVITIES SET UP BY WAYSIDE PRESBYTERIAN CHURCH AND ITS YOUTH GROUP. PLEASE **INITIAL** YES OR NO FOR EACH ITEM.

1. YES \_\_\_\_ NO \_\_\_\_ To attend pre-planned, off-site activities while under the supervision of Wayside's program staff and/or approved youth leaders and chaperones
2. YES \_\_\_\_ NO \_\_\_\_ To be photographed and/or videotaped, which may be used for training, church website, brochures, pamphlets, or slideshows. Names of minors will never be used (with the exception of the family portraits of the online church directory, which is password protected).
3. YES \_\_\_\_ NO \_\_\_\_ To be transported to and from off-site activities, programs, and retreats in staff, youth leader and chaperone personal vehicles, or church-rented vehicles as determined by the program. I also agree to allow my child to participate in field trips that require transporting my child in a these vehicle. I realize that church policy prevents anyone under the age of 21 from transporting our youth and children to church-sponsored events. *(Licensed youth under 21 years of age are only allowed to drive themselves and their siblings as approved by parents/guardians as per Wayside Youth Policy).*

I ALSO GIVE PERMISSION:

1. YES \_\_\_\_ NO \_\_\_\_ For staff to use the following in the event of an emergency if it becomes necessary: cold-pack, sting-kill or sun block (with or without insect repellent). *(I understand that no one on Wayside's staff, neither paid nor volunteer, may administer any medication to my child).*
2. YES \_\_\_\_ NO \_\_\_\_ I understand that in the event of a medical emergency, the trip sponsors will make every reasonable effort to contact me. If after such efforts I cannot be reached, I give my permission for all necessary emergency medical treatment to be administered to the person named above.

Please list any allergies, medical information or other pertinent information of which Wayside's leadership needs to be aware:

CHILD/YOUTH  
NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_ (# where you can be reached while  
your child is under our care)

***Note: This form is valid for the 2017-2018 program year (September 2017-September 2018).  
This form is not valid for overnight events.  
A single-event release will be required for such events.***