



## YEARLY RELEASE FORM

225 E. Broad Street, Falls Church, VA, 22046  
703-532-6518 • fallschurchpresby.org

### PARENT OR LEGAL GUARDIAN OF A MINOR CONSENT - MEDICAL – PHOTO - TRANSPORT

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE  
PROGRAM YEAR – SEPTEMBER THROUGH AUGUST. IT IS THE  
PARENT OR LEGAL GUARDIAN'S RESPONSIBILITY TO NOTIFY  
THE CHURCH OFFICE (OFFICE@FALLSCHURCHPRESBY.ORG)  
OF ANY CHANGES THAT NEED TO BE MADE.

**Program Year: September 2025 through August 2026**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Emergency Contact Information (Parent/Guardian):** \_\_\_\_\_

Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Alternate Emergency Contact Information:** Name (Relationship): \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of  
\_\_\_\_\_ (printed name of minor) hereby give my consent for my minor  
child to participate in youth activities at Falls Church Presbyterian Church from September 2025  
through August 2026. I understand that all reasonable safety precautions will be taken by the program  
leaders during each activity, and that the possibility of unforeseen hazards do exist. I further agree not  
to hold Falls Church Presbyterian Church, its leaders, employees, and volunteer staff liable for  
damages, losses, diseases, or injuries incurred by the minor listed on this form. Minor child's medical  
conditions (allergies or other medical conditions) that activity leaders should be aware of:

My minor child should be excluded from the following activities: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relation: \_\_\_\_\_

*(continued on reverse)*

2025-2026

**FALLS CHURCH PRESBYTERIAN CHURCH**

**PARENT OR LEGAL GUARDIAN CONSENT – MEDICAL –TRANSPORT – PHOTO**

Being the parent or legal guardian of \_\_\_\_\_ I \_\_\_\_\_  
(minor's printed name),(parent/guardian's printed name)

do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I will allow Falls Church Presbyterian Church staff, leaders, and volunteers to transport my child for sponsored Falls Church Presbyterian Church events and activities.

**Further, by signing below:**

1. I will not hold Falls Church Presbyterian Church, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize Falls Church Presbyterian Church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for me and/or my minor child to travel with Falls Church Presbyterian Church.

Additionally, by signing below, I hereby grant Falls Church Presbyterian Church permission to use my likeness, and the minor child herein referenced, in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Falls Church Presbyterian Church and will not be returned. I hereby irrevocably authorize Falls Church Presbyterian Church to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Falls Church Presbyterian Church's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge Falls Church Presbyterian Church from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I give permission for the below indicated medications to be administered to my youth at my youth's request or as deemed necessary by adult leaders. Check all that apply.**

- ☐ Ibuprofen
- ☐ Acetaminophen
- ☐ Midol
- ☐ Imodium AD
- ☐ Tums
- ☐ Sudafed
- ☐ Benadryl
- ☐ Pepto Bismol
- ☐ Cough Drops
- ☐ Dramamine

Medical Insurance Company: \_\_\_\_\_

Medical Insurance ID or Group #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Phone # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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