

**PARENTAL CONSENT FORM
(For Minors Only)**

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give a designated representative of Holy Sacrament Episcopal Church my permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give my permission to those administering emergency treatment to do so by using measures deemed necessary. I further absolve Holy Sacrament Episcopal Church from liability in this regard.

DATE: _____

**SIGNATURE OF PARENT OR LEGAL GUARDIAN
(MUST BE LISTED AS THE EMERGENCY CONTACT)**

NOTARY:

**STATE OF _____ COUNTY OF _____ ON THIS DAY
OF _____ 20 __, BEFORE ME PERSONALLY APPEARED
_____ TO BE KNOWN TO BE THE
PERSON(S) WHO EXECUTED THE ABOVE RELEASE, AND ACKNOWLEDGE
THAT _____ VOLUNTARILY EXECUTED SAME.**

NOTARY PUBLIC: _____

DATE OF EXPIRATION OF NOTARY COMMISSION: _____

NOTARY SEAL