

**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 The Episcopal Church of Bethesda-by-the-Sea 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 The Episcopal Church of Bethesda-by-the-Sea 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 _____ 2017, 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