



Holy Sacrament Episcopal Church

Friends Reaching Friends

(A Mission and Outreach Organization of Holy Sacrament Episcopal Church)

2801 North University Drive, Pembroke Pines, Florida, 33024

Tel: 954-432-8686
Fax: 954-432-9009

Email: holysac@holysacrament.org
www.holysacrament.org



EMERGENCY PERMISSION FORM

Guyana

June 6-14, 2020

This is only for emergency situations should the individual be incapable of making rational decisions, or is a minor whose parents cannot be immediately reached. In any situation, I understand that every effort will be made immediately to reach my emergency contact.

In case of an emergency, I give the designated representative of Holy Sacrament Episcopal Church and those administering emergency treatment permission to use procedures deemed necessary at the time.

I further absolve Holy Sacrament Episcopal Church from liability in this regard.

Name of Applicant (*Please Print*): _____

Signature of Applicant: _____ Date: _____

Note: Parent or Legal Guardian's signature is required authorizing emergency treatment of a minor (a child under 18 years old). This signature of the parent or legal guardian must be listed as the emergency contact.

Signature of Parent or Legal Guardian: _____ Date: _____

NOTARY:

State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared _____ 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