



Highland Christian Academy



ID: A52151/63829554

Consent For Treatment

Highland Christian Academy has my permission to obtain medical and/or dental treatment for my child _____ in the event of an emergency and in my absence. Such treatment may be obtained at either a doctor's office or clinic, a hospital emergency room, or a dentist's office. Transportation may be by private car, church van or by ambulance service, if necessary.

I agree to pay all fees associated with such medical and/or dental treatment and transportation.

PRINTED NAME: _____

SIGNATURE: _____

(Circle One)

PARENT

LEGAL GUARDIAN

STATE OF FLORIDA

COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public,

State of Florida

My signature, as a Notary Public, verifies the affiant's identification has been validated by:

Personally Known _____ OR Produced Identification _____ Type of Identification _____
