



## 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 wither 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 commission expires:

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

---