

**Authorization for Emergency Medical Care**

I \_\_\_\_\_, hereby certify that I am the legal parent or guardian of \_\_\_\_\_ and I understand that Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., does NOT have trained medical personnel on the campus and I hereby authorize the administration or staff of Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., to give my consent for all necessary emergency medical treatment my child may require while in said individuals custody in the event of serious illness or accident, and I cannot be immediately contacted,

I give permission for my child to be transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. In addition, I affirm that I will assume sole responsibility for all medical bills, including ambulance fees, which are incurred.

**Authorization to Transport**

In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the administration or staff of Solid Rock Christian School, a ministry of Solid Rock Worship Center, Inc., to transport my child to a safe environment until I can be reached.

**State of Florida - County of Lake.**

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
Notary Signature

Personally known to me \_\_\_\_\_ or produced identification \_\_\_\_\_