

Solid Rock Christian School

A Ministry of Solid Rock Worship Center, Inc.

Mt. Dora, Florida Ph: (352) 735-5777

Authorization for Emergency Medical Care

I, hereby certify that I am the legal parent or guardian of
and I hereby authorize the Principal of Solid Rock Christian School or the person they appoint, 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 Principal of Solid Rock Christian School or the person they appoint, to transport my child to a safe environment until I can be reached.
Photo Release
I authorize and give permission to Solid Rock Christian School to photograph or take video images of my child while they are in the care of school personnel. Such images may be posted in the classrooms or other appropriate places within the school, used in school presentations or promotional materials, or distributed to staff or clients. I understand that I may terminate this permission at any time in the future through written notification to Solid Rock Christian School.
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