



MEDICAL AUTHORIZATION

This form is to authorize White Rock Montessori School staff to act on my behalf to execute any and all consents, authorizations, and waivers necessary to secure medical services, doctor(s) services, and/or hospital services for _____ during his/her entire enrollment in the school. We also authorize White Rock Montessori School staff to take our child to _____ Hospital or the nearest hospital.

We/I understand that we/I will bear the financial responsibility for costs incurred.

Parent or Guardian's Signature

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public in and for Dallas County, Texas

.....
Parent 1's Emergency Phone Number(s): _____

Parent 2's Emergency Phone Number(s): _____

Child's Doctor: _____ Doctor's Phone: _____

Doctor's Address: _____

Child's Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Friend or Relative to contact in case of emergency: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____