



MEDICAL AUTHORIZATION

This 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 financial responsibility for costs incurred.

Signature of Parent

Date

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

Notary Public in and for Dallas County, Texas

Home Phone: _____

Work Phone: _____

Dad's Cell Phone: _____

Mom's Cell Phone: _____

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: _____

Home Phone: _____

Work Phone: _____