



White Rock Montessori School

We have a notary in the office. You are welcome to bring us your form(s) to be notarized between 9:00 a.m. and 1:00 p.m. during the summer.

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/nearest hospital (choose one). Please list any diagnosed allergies and/or medical conditions for your child below.

ALLERGIES/MEDICAL CONDITIONS

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