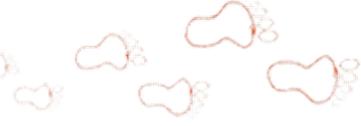




MARYLAND MONTESSORI ACADEMY

Early Education and Child Care

The Right Step Towards The Future



Medical Authorization Form

Medical Authorization for: _____ (child's name)

The undersigned, who are the parents/guardians having legal custody or the above named minor, do hereby authorize MMA Childcare Center into whose care the above named minor has been entrusted, do consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act. We do also consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by dentist licensed under the provisions of the Dental practice Act.

The undersigned further authorize MMA Childcare center to have above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when Said parents/guardians cannot be contacted.

Parent/guardian Signature

Date