



MARYLAND MONTESSORI ACADEMY

Early Education and Child Care

The Right Step Towards The Future



Parent Authorization For Medical Emergency

Please fill in application completely and legibly

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and director, representing MMA Child Center to give consent for any and all necessary emergency medical and First Aid care for my child, _____, while he/she is in MMA Child Center's custody.

SIGNATURE OF PARENT/GUARDIAN: _____

State of _____ County of _____

Subscribed and sworn to before me on this _____ day _____, 20 _____.

Who is personally known to me or has produced _____ for identification.

Who did/did not take an oath.

Notary Public

My commission expires on: _____

Signature of Notary Public: _____

Notary Public Name (Print): _____

My commission number is: _____

MMA