

THE MONTESSORI ACADEMY OF ARLINGTON

Preparing children for life, not just the next test.



Authorization for Emergency Medical Treatment

Child's Name: _____ Birthdate: _____

In the event of an illness or injury to my child, I authorize TMA personnel to seek and secure medical treatment, ambulance service, and, if necessary, hospital admission for my child. In the event of such medical emergency, I authorize and consent to the transport of my child to a hospital or emergency treatment facility and to treatment of my child by emergency medical personnel during transport, and by physicians and other medical personnel at the medical facility to which my child is transported, as deemed necessary and in my child's best interest by such medical personnel. I authorize and consent to a copy of my child's medical information and emergency contact information to be given to emergency medical personnel and my child's chaperone on TMA-sponsored field trips. This authorization shall remain in effect and in force as long as my child is enrolled at TMA.

This authorization is to be signed and notarized at the time of initial enrollment and kept in the student's file.

This authorization MUST be notarized – do not sign until you are in the presence of a notary.

Signature of Parent or Legal Guardian

Date

THE STATE OF TEXAS, TARRANT COUNTY

_____ appeared before me, the undersigned authority in and for said county, and acknowledged that he/she executed the same for the purposes and considerations herein expressed.

Given under my hand and seal of office, this _____ day of _____.

(Personalized seal)

Notary Public, Tarrant County, Texas

My Commission Expires: _____