



**Rising Star
Montessori School**
Alameda, CA 94501
www.risingstarschool.org
Established 1982

High Street Campus
1421 High Street
(510) 865-4536 • Fax (510) 865-4538
license # 013420949

Cottage Campus
770 Santa Clara Avenue
(510) 521-8940 • Fax (510) 814-4191
license # 013420950

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
(This consent form will be used in the event parents or other authorized persons
on the emergency info form cannot be reached and 911 is called.)

As the undersigned parent(s) or legal guardian(s) of the minor listed below I/we do hereby authorize Rising Star Montessori School, into whose care the minor has been entrusted, to consent to all emergency dental or medical care prescribed by a duly licensed physician or dentist. I/we authorize any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

I/we understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and I/we assume all financial responsibility for such service.

Minor's Name _____	Date of Birth _____
Address _____	City _____ Zip _____
Phone Number _____	
Minor is allergic to: <input type="checkbox"/> food <input type="checkbox"/> animals <input type="checkbox"/> plants <input type="checkbox"/> mold/mildew <input type="checkbox"/> soaps <input type="checkbox"/> sanitizers <input type="checkbox"/> pollen	
<input type="checkbox"/> dust mites <input type="checkbox"/> other respiratory irritants _____ <input type="checkbox"/> other _____	

Doctor's Name _____	
Address _____	Phone _____
Medical Insurance _____	
Parent/ Guardian's Name (Print) _____	
Parent/ Guardian's Signature _____	Date _____
Parent/ Guardian's Name (Print) _____	
Parent/ Guardian's Signature _____	Date _____