



**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/sensitive to: _____			
Severity: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe		Severity: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
Severity: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe		Severity: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
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 _____	