



**IMMACULATA**

**CATHOLIC MONTESSORI EST. 2020**

*"True respect for the child recognizes an ideal which God wishes to make actual in him." - Dr Maria Montessori*

For more information contact:

**Teresa Wittry**

Director of Religious Education/  
Immaculata Catholic Montessori

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

As the undersigned parent or legal guardian of \_\_\_\_\_, a minor, I do hereby authorize the staff of Immaculata Catholic Montessori (its administrators, teachers, trainees, volunteers, and authorized agents) to act as my agent to authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician and surgeon, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a licensed dentist, whether such diagnosis or treatment is rendered at the office of said physician or a dentist or at a hospital or clinic.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician and/or dentist in the exercise of his/her best judgment may deem advisable. Such authority and consent is only authorized in an emergency condition, where the emergency is such that the parent or guardian cannot reasonably be consulted because immediate action is required; or where contact with the parent or guardian has been attempted but cannot be completed in time to care for the emergency situation.

This authorization shall remain in effect from date below until my child is withdrawn as a student at Immaculata Catholic Montessori or until written revocation of said authorization is delivered to said agent(s).

Dated \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Legal Guardian