Montessori School of Cherry Creek
Medical and Dental Record
Phone: 303-627-2715 fax: 303-627-9482

Medical Administration Permission Form

Date_____

Child's Name_____

I give the Montessori School of Cherry Creek and its employee's permission to administer any necessary form medical treatment to my child in the event my child would need care.

Signature of Parent or Guardian

_____ **Date** _____