



SHIR HASHIRIM
MONTESSORI SCHOOL

.....
CONSENT TO COMMUNICATE WITH CHILD'S PHYSICIAN
.....

I, _____ , the parent/guardian of

_____ a student at Montessori Shir Hashirim ("MSH"), hereby acknowledge, agree, and consent to MSH communicating directly with, and receiving information from, my child's physician regarding my student's health related issues, including allergies, for the purposes of ensuring the safety and health of MSH.

This consent is valid for the duration of MSH 20____ - 20____ school year. I am hereby advised and understand that I have a right to a copy of this authorization.

Executed this day _____ of _____ 20____ , at Los Angeles County, California.

Print name of parent or guardian

Signature of parent or guardian

Date

Print name of parent or guardian

Signature of parent or guardian

Date