CCL 010 Rev. 8/2013

Kansas Department of Health and Environment

Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Child Care Program: (785) 296 -1270 Fax: (785) 296 -0803 Foster Care Program: (785) 296 -1270 Fax: (785) 296 -7025

Website: www.kdheks.gov/kidsnet

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.		License #
Adventure Time Preschool & Child Care Center		0007099-017
I hereby authorize <u>Errin Shultz</u> , <u>Becky Boulware</u> , <u>Ruth Schick</u> , <u>Natalie</u> (Name of individual/staff member) and/or <u>Kammerer</u> , <u>Catherine Johnson</u> , <u>Tina Michael</u> (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth		
custody between the dates of08-15-2020 anduntil child no longer a MM/DD/YYYY MM/DD/YYYY		attends
Signature of Parent or Guardian	IVIIVI/DD/1111	Date Signed
Witness to Parent's or Guardian's signature if required by the local hospital or clinic. Date Signed		Date Signed
Notarization of Parent's or Guardian's signature if required by local hospital or clinic.		
State of Kansas County of		
Signed or attested before me onMM/DD/YYYY	_ by Name of Pers	
(Seal, if any.)	Name of Fere	3011
	Signature of notarial office	r
	Title (and Rank)	
My appointment expires:		
List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:		
Is child covered by health insurance? ☐ Yes ☐ No		
If yes, complete the following:		
Health Insurance Policy Name	Policy Number	
Medical Assistance Program	Card Number	
Military Medical Care I.D. Number		
If known, date of last Tetanus inoculation:		

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.