CCL 010 Rev. 8/2011

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities Child Care Licensing Program 1000 SW Jackson, Suite 200, Topeka, KS 66612-1274

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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 #	
I hereby authorize	(Nar	me of individual/staff member) and/or	
	(Name of individual/staff mem	nber) who is (are) representative(s) of the	
above named facility to give consent for any and all necess	sary omorgonov modical care for my	child or youth	
(Fin	st and Last Name of Child or Youth) v	while said child or youth is in said facility's	
custody between the dates of	and		
custody between the dates of	MM/DD/YYYY		
Signature of Parent or Guardian		Date Signed	
Witness to Parent's or Guardian's signature if require	ed by the local hospital or clinic.	Date Signed	
Natorination of Donardio or Crondingle signature if your	uinad bu laaal baanital an alinia		
Notarization of Parent's or Guardian's signature if requestate of Kansas	uired by local nospital of clinic.		
County of			
Signed or attested before me on			
MM/DD/YY	YY Name of Pe	erson	
(Seal, if any.)			
	Signature of notarial office	eer	
	Title (and Rank)		
	My appointment expires:		
List any known allergies or other information about the	e medical status of this child or you	uth pertinent in case of emergency:	
Is child covered by health insurance? ☐ Yes ☐ No			
If yes, complete the following:			
Health Insurance Policy Name	Pol	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.