CCL 010 Rev. 5/2020 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) 559-4244

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 #	
Women's Community Y Child Development	enter	0028765	
authorize <u>Hannah Eldridge</u> , Shallon Grammer, L	sa Schmidt or Bonnie Williams	(caregiver/staff) who	
s (are) representative(s) of the above-named facility t			
outh	(child's first and last name) while	child or youth is in the facility's custody	
petween and MM/DD/YYYY MM/D	D/YYYY		
s child covered by health insurance? ☐ Yes ☐ N	)		
f yes, complete the following:  Health Insurance Policy Name		Policy Number	
		Card Number	
Military Medical Care I.D. Number			
If known, date of last Tetanus inoculation:			
	MM/DD/YYYY		
List any known allergies or other information abo	t the medical conditions of this ch	ild or youth pertinent in case of emergency	
Signature of Parent or Guardian		Date Signed	
Witness to Parent's or Guardian's signature if re	uired by the local hospital or clinic	Date Signed	
		<b>I</b>	
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 on	by		
MM/DI	/YYYY Name o	f Person	
(Seal, if any.)			
	Signature of notarial	Signature of notarial officer	
	Title (and Rank)		
	· · · · · · · · · · · · · · · · · · ·	res:	
	wy appointment expi		

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.