CCL010
Rev. 9/2003

Kansas Department of Health and Environment
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Day Care Unit: Phone: 785-296-1270 Fax: 785-296-0803
Foster Care Unit: Phone 785-368-7015 Fax: 785-296-7025
Website: www.kdhe.state.ks.us/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) except School Age Programs reference K.A.R. 28-4-582(e) (2) (B).

Name of facility exactly as stated on the license/certificate.	License or Certificate #
Redeemer Lutheran Early Childhood Center	0007359-003

I hereby authorize Deb Killingsworth (Name of individual/staff member) and/or Redeemer Lutheran Early Childhood Center Staff (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 _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ (MM/DD/YYYY) and until completion (MM/DD/YYYY).

Signature of Parent or Guardian	Date Signed

Witness to Parent's or Guardian's signature only if required by the local hospital or clinic.	Date Signed

Notarization of Parent's or Guardian's signature only if required by local hospital or clinic.

State of Kansas

County of _____

Signed or attested before me on _____ (MM/DD/YYYY) by _____ (Name of Person)

(Seal, if any.)

_____.
Signature of notarial officer

_____.
Title (and Rank)

My appointment expires: _____

Complete information regarding health care insurance, if applicable.

Health Insurance Policy Name: _____ Policy Number _____

Medical Assistance Program _____ Card Number _____

Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

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.