Х



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 #	
Children's Learning Center Inc.		0018009-018	
I authorize CLC Directors and Staff		(caregiver/staff) who	
is (are) representative(s) of the above-named facility to give cons	sent for any and all necessary em	ergency medical care for my child or	
youth(child's	s first and last name) while child o	r youth is in the facility's custody	
between and MM/DD/YYYY MM/DD/YYYY			
Is child covered by health insurance?			
If yes, complete the following: Health Insurance Policy Name	Policy Number		
Medical Assistance Program	Ca	rd Number	
Military Medical Care I.D. Number			
If known, date of last Tetanus inoculation:			
List any known allergies or other information about the med	lical conditions of this child or	youth pertinent in case of emergency:	
Signature of Parent or Guardian		Date Signed	
Witness to Parent's or Guardian's signature if required by t	the local hospital or clinic.	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 on	by		
MM/DD/YYYY (Seal, if any.)	Name of Pers		
	Signature of notarial officer		
	Title (and Rank)		
	My appointment expires:		
l <u></u>			

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.