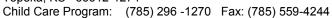
CCL 010 Rev. 3/2017

Kansas Department of Health and Environment

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



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 #
Olpe Early Childhood Education Center		0073616-002
I hereby authorize Aimee Farr, Jenny Olsson or other USD 252 Staffne of individual/staff member) and/or		
	(Name of individual/staff memb	er) who is (are) representative(s) of the
above named facility to give consent for any and all necessary emo	ergency medical care for my ch	ild or youth
(First and L	ast Name of Child or Youth) wh	nile said child or youth is in said facility's
·	-	-
custody between the dates of an an	MM/DD/YYYY	<u> </u>
Signature of Parent or Guardian	WIWI/DB/TTTT	Date Signed
Witness to Parent's or Guardian's signature if required by the	e 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	Name of Pe	
(Seal, if any.)		
(332., 2)./		
	Signature of notarial office	per
	Title (and Rank)	
	My appointment expires:	
List any known allergies or other information about the medic	al status of this child or yout	h 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.