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).

<table>
<thead>
<tr>
<th>Name of facility exactly as stated on the license.</th>
<th>License #</th>
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<tbody>
<tr>
<td>Village Presbyterian Kid's Day Out</td>
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I authorize Sandra Stephens or Amy Turpin (caregiver/staff) 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 ______________________________________________________________________ (child’s first and last name) while child or youth is in the facility’s custody between ___________ and ___________.

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: __________________________ MM/DD/YYYY

List any known allergies or other information about the medical 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 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

Name of Person

(Seal, if any.)

________________________________________

Signature of notarial officer

________________________________________

Title (and Rank)

My appointment expires: __________________________