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 #
Village Church Weekday Preschool Child Care Center	0015030
I I authorizeSarah Mckee / Village Church Weekday Pr	school Staff (caregiver/staff) who
is (are) representative(s) of the above-named facility to g	e consent for any and all necessary emergency medical care for my child or
between and End of Car MM/DD/YYYY MM/DD/	child's first and last name) while child or youth is in the facility's custody
Is child covered by health insurance? ☐ Yes ☐ No	
If yes, complete the following:	Policy Number
Medical Assistance Program	Card Number
Military Medical Care I.D. Number	
If known, date of last Tetanus inoculation:	WDD AAAAA
	שייייים 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 requi	d by the local hospital or clinic. Date Signed
Notarization of Parent's or Guardian's signature if re	uired by local hospital or clinic.
State of Kansas County of	
Signed or attested before me on	by
MM/DD/Y	YYY Name of Person
(Seal, if any.)	
	Signature of notarial officer
	Title (and Rank)
	My appointment expires:

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.

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