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.  
Village Church Weekday Preschool Child Care Center

License #  
0015030-011

I authorize ____________________________ (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 __________ MM/DD/YYYY and MM/DD/YYYY.

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: __________________________

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.