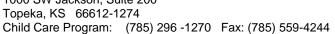
CCL 010 Rev. 3/2017

## 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 #
KCC Lil' Panthers Program	0000266
I hereby authorize KCC Lil' Panthers Program Staff (	Name of individual/staff member) and/or
KCC Lil' Panthers Program Staff (Name of individual/staff m	nember) who is (are) representative(s) of the
above named facility to give consent for any and all necessary emergency medical care for n	ny child or youth
(First and Last Name of Child or Youth	h) while said child or youth is in said facility's
custody between the dates of 1st day of care and Last day of care	
MM/DD/YYYY $MM/DD/YYYY$	
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 onbyby	
	of Person
(Seal, if any.)	51.1 6.661.
(Geal, if arry.)	
	-tt:
Sign re of notarial	onicer
Title (and A	
My appointment op	ires:
List any known allergies or other information about the medical status of this child or	youth 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	
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.