



Consult local hospital to be sure this form is acceptable. Written permission of the parent, guardian or legal custodian , for emergency medical treatment must be on file at facility for each child on a form that meets the requirements of the hospital or clinic where emergency care will be given.

License or Certificate # _____

In order to meet all legal requirements, I hereby authorize _____ and/or

_____ who is (are) representative(s) of _____
(Child Care Facility)

to give consent for any and all necessary emergency medical care for my child _____
(Name)

while said child is in said individual's custody between the dates of _____ and _____
Month Day Year Month Day Year

(Signature of Parent or Guardian)

Parent's signature needs notarization or witnessed if required by local hospital or clinic.

(Witness)

<u>State of Kansas</u>
Before me, the undersigned authority, on this day personally appeared _____ known to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.
Sworn and subscribed before me this _____ day of _____ Year _____.
(SEAL) Notary Public _____.
My Commission expires _____.

Physician _____ Address _____ Phone _____

Hospital Preference _____

Emergency Phone Numbers _____
Home Father (work) Mother (work)

Do you have Health Insurance? _____ Policy Name and Number _____

Do you receive medical assistance? _____ Program and Care Number _____

Is child eligible for military medical care? _____ I.D. Number _____

Medical Information on Child: (see attached information)

(Attach this form to the child's health record. Both forms must be taken to the emergency room.)