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 #
	ith Lutheran School	0007196
I authorize Faith Lutheran School		(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 09/01/2024 and as long a MM/DD/YYYY MM/DD/Y		
Is child covered by health insurance? ☐ Yes ☐ No		
If yes, complete the following: Health Insurance Policy Name	Polic	y Number
Medical Assistance Program	Ca	rd Number
Military Medical Care I.D. Number		
If known, date of last Tetanus inoculation:		
	IM/DD/YYYY	
List any known allergies or other information about the	ne medical conditions of this child or	youtn pertinent in case of emergency:
Signature of Parent or Guardian		Date Signed
Witness to Parent's or Guardian's signature if require	ed by the local hospital or clinic.	Date Signed
Notarization of Parent's or Guardian's signature if req	uired by local hospital or clinic.	
State of Kansas County of	<u> </u>	
County of		
Signet or attested before me on	by	
X MM/DD/Y	Y) Jame of Pers	son X
(Seal A an)		
Signature of notarial officer		
	Title (and Rank)	\wedge
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.