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 #
Jacob's Learning Ladder	0007256-012
	(caregiver/staff) who
is (are) representative(s) of the above-named facility to give conse	ent 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 anduntil termination MM/DD/YYYY 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/Y	
	cal conditions of this child or youth pertinent in case of emergency:
Fa	T2 2.
Signature of Parent or Guardian	Date Signed
Witness to Parent's or Guardian's signature if required by the	ne local hospital or clinic. Date Signed
Notarization of Parent's or Guardian's signature if required b	v local hospital or clinic
State of Kansas	y room mospital of cliffic.
County of	
Signed or attested before me on	_ by
MM/DD/YYYY	Name of Person
(Seal, if any.)	Name of Ferson
(Ocal, il ally.)	
	Signature of notarial officer
	Oignature of notarial officer
	Title (and Rank)
	My appointment expires:
	, арронилон одрабо.

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.