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 #
Southwoods Kids Early Learning Center and Parents Day	Out 0065685
I authorize Southwoods Kids Staff	
	nt for any and all necessary emergency medical care for my child or
youth(child's f	irst and last name) while child or youth is in the facility's custody
between and <u>Until withdrawn from common MM/DD/YYYY</u> MM/DD/YYYY	<u>renter</u> .
Is child covered by health insurance? ☐ Yes ☐ No	
If yes, complete the following: Health Insurance Policy Name	Policy Number
	Card Number
Military Medical Care I.D. Number	
If known, date of last Tetanus inoculation:MM/DD/Y	
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
3	
	•
Witness to Parent's or Guardian's signature if required by th	e 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.)	. tame of Follows
(333., 3113.)	
	Signature of notarial officer
	Signature of Hotaliai officer
	Title (and Rank)
	My appointment expires:
	m, 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.