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 #
Oak Ridge Youth Development School	0062290-021
I authorize Jacqueline Anderson	(caregiver/staff) who
is (are) representative(s) of the above-named facility to give cons	sent for any and all necessary emergency medical care for my child or
youth(child's between 01/01/2024 and 01/01/2025 MM/DD/YYYY MM/DD/YYYY	<i>first and last name)</i> while child or youth is in the facility's custody
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/	ΥΥΥΥ
List any known allergies or other information about the med	ical conditions of this child or youth pertinent in case of emergency
Signature of Parent or Guardian Witness to Parent's or Guardian's signature if required by t	Date Signed
Notarization of Parent's or Guardian's signature if required b	by local hospital or clinic.
State of Kansas County of	
Signed or attested before me on	by
(Seal, if any.)	_ by Name of Person
	Signature of notarial officer
	Title (and Rank)
	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.