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 #
Wichita Collegiate School	677-028
I authorize _Becky O'Hearn or employees of Wichita Collegiate 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.  between06/01/2024	
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:	
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  Witness to Parent's or Guardian's signature if required by the local hosp  Notarization of Parent's or Guardian's signature if required by local hospid	
State of Kansas County of	
Signed or attested before me onby	Name of Person
nature 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.