

Kansas Department of Health and Environment

Bureau of Family Health
1000 SW Jackson, Suite 200 * Topeka, KS 66612-1274
Child Care Unit Phone: 785-296-1270 Fax: 785-296-0803
Foster Care Unit Phone (785) 296-1270 Fax (785) 296-7025
Website: www.kdheks.gov/kidsnet/



Consult local hospital to be sure this form is acceptable. Written permission of the parent, guardian or legal custodian , for emergency medical treatment must be on file at facility for each child on a form that meets the requirements of the hospital or clinic where emergency care will be given.

License or Certificate # _____

In order to meet all legal requirements, I hereby authorize _____ and/or

_____ who is (are) representative(s) of _____
(Child Care Facility)

to give consent for any and all necessary emergency medical care for my child _____
(Name)

while said child is in said individual's custody between the dates of _____ and _____
Month Day Year Month Day Year

(Signature of Parent or Guardian)

Parent's signature needs notarization or witnessed if required by local hospital or clinic.

(Witness)

State of Kansas

Before me, the undersigned authority, on this day personally appeared _____
known to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose
therein expressed.

Sworn and subscribed before me this _____ day of _____ Year _____.

(SEAL)

Notary Public _____.

My Commission expires _____.

Physician _____ Address _____ Phone _____

Hospital Preference _____

Emergency Phone Numbers _____
Home Father (work) Mother (work)

Do you have Health Insurance? _____ Policy Name and Number _____

Do you receive medical assistance? _____ Program and Care Number _____

Is child eligible for military medical care? _____ I.D. Number _____

Medical Information on Child: (see attached information)

(Attach this form to the child's health record. Both forms must be taken to the emergency room.)