

**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).

<b>Name of facility exactly as stated on the license.</b> Lenexa United Methodist Church Preschool/CDO	<b>License #</b> 0000373-015
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I authorize Megan Taylor &/or any LUMC Preschool/CDO Staff Member (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 between 08/01/2023 and Ongoing MM/DD/YYYY and 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/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

<b>Signature of Parent or Guardian</b>	<b>Date Signed</b>
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<b>Witness to Parent's or Guardian's signature if required by the local hospital or clinic.</b>	<b>Date Signed</b>
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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.)  
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.