



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission of the parent, guardian or legal custodian, for emergency medical treatment must be on file at the facility for each child on a form that meets the requirements of the hospital or clinic where emergency care will be given pursuant to K.A.R. 28-4-127(b)(1)(A). Consult with the local emergency medical facility to be sure this form is acceptable.

St. Paul's Preschool 49459-1  
Name of Child Care Facility exactly as it appears on the license/certificate. License or Certificate #

In order to meet all legal requirements, I hereby authorize Linda Edsell and/or  
Name of individual

St. Paul's Preschool staff who is (are) representative(s) of the above named child care facility to  
Name of individual

give consent for any and all necessary emergency medical care for my child \_\_\_\_\_  
First and Last Name

while said child is in said facility's custody between the dates of 9-01-2011 and 5-31-2016  
MM/DD/YYYY MM/DD/YYYY

\_\_\_\_\_  
Signature of Parent or Guardian

Parent's signature needs notarization and/or witnessed

\_\_\_\_\_  
Witness

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: \_\_\_\_\_

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 Card Number \_\_\_\_\_

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

Medical Information on Child: (see attached information)