



**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.

Aldersgate United Methodist Church Preschool 0013620-1  
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 a responsible staff member and/or  
Name of individual

Classroom teacher 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 08/15/07 and 08/15/12  
MM/DD/YYYY MM/DD/YYYY

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

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

\_\_\_\_\_  
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)