



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) except School Age Programs reference K.A.R. 28-4-582(e)(2)(B).

Name of facility exactly as stated on the license/certificate.	License or Certificate #
--	--------------------------

I hereby authorize Johnson County Park & Recreation (Name of individual/staff member) and/or Staff (Name of individual/staff member) 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 _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ and until terminated.
MM/DD/YY MM/DD/YY

Signature of Parent or Guardian X	Date Signed X
---	-------------------------

Witness to Parent's or Guardian's signature only if required by the local hospital or clinic.	Date Signed
---	-------------

Notarization of Parent's or Guardian's signature only if required by local hospital or clinic.

State of Kansas	
County of _____	
Signed or attested before me on _____ MM/DD/YYYY	by _____ Name of Person
(Seal, if any.)	_____ Signature of notarial officer _____ Title (and Rank) My appointment expires: _____

Complete information regarding health care insurance, if applicable.

X Health Insurance Policy Name: _____ **X** 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 status of this child or youth pertinent in case of emergency:

THIS 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.

Attach this form to the child's health history. Both forms must be taken to the emergency room. **D**