

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 # 21910

In order to meet all legal requirements, I hereby authorize Kristin Neufeld Epp and/or

Matt Koontz

who is (are) representative(s) of

New Creation Preschool

(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 9/5/2013 and 5/16/2014
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~~

NOTARY NOT REQUIRED BY NEWTON MEDICAL CENTER

~~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.)