CCL.010
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Curtis State Office Building
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Kansas Department of Health and Environment

# 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).

| **Name of facility exactly as stated on the license** | **License #** |
|---|---|
| College Church Learning Center | 47204 |

I authorize College Church Learning Center (*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 _____ and current.
MM/DD/YYYY MM/DD/YYYY

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

_____

_____

_____

| **Signature of Parent or Guardian** | **Date Signed** |
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