CCL 010 Rev. 3/2017

Kansas Department of Health and Environment

Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Website: www.kdheks.gov/kidsnet



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 #			
Holy Name Preschool + Child	Care Center 0237-007			
Thereby authorize thought homas	(Name of 1 at 1 at 1 at 1			
Amanda Vega-Mavec (A	Jame of individual/staff member) and/or lame of individual/staff member) and/or			
above named facility to give consent for any and all necessary emer	gency medical care for my child or youth			
	st Name of Child or Youth) while said child or youth is in said facility's			
custody between the dates of	May 2020			
Signature of Parent or Guardian	Date Signed			
Witness to Parent's or Guardian's signature if required by the I				
the interest of a calculation of signature in required by the i	ocal hospital or clinic. Date Signed			
Notarization of Parent's or Guardian's signature if required by lo	ocal hospital or clinic			
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:			
list any known allergies or other information about the same				
List any known allergies or other information about the medical s	status of this child or youth pertinent in case of emergency:			
s child covered by health insurance? ☐ Yes ☐ No				
f yes, complete the following:				
Health Insurance Policy Name	Policy Number			
Medical Assistance Program	Card Number			
Military Medical Care I.D. Number	- Cara Hambon			
f known, date of last Tetanus inoculation:				

THE 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.

CCL. 034 Rev. 3/2017

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 Fax: 785-559-4244

Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)						
III P	(((() ()	ŗ.	^		2.001100	
Street Address of the Excility	hool & Child	Lare	Center		023	-007
	Cit	ty		Zip Code	County	
Holy Name Prescistreet Address of the Facility 1007 Southwest B	outerard	Kansus (City	46103	Wy	andotte
					ı	
	may go	to the followin	g locations	off the pre	mises with ac	lult supervision:
First and Last Name of Child or	Touth			1 5 000		an eaperviolen.
Place Holy Name Church Signature of Parent or Guardian	Street Address	. 2	City		By Vehicle	Walk/Bike
Signature of Parent or Guardian	1 100 1 South	West Bluch	KC			Walk
	-				Date Signed	
Place Holy Name Caleteria	Street Address	. D.	City		By Vehicle	Walk/Bike
Signature of Parent or Guardian	41007 South	West Blue	KC	,	-Constants	Walk
-ignature of Farent of Guardian					Date Signed	
Place Holy Marke Modulars Signature of Parent or Guardian	Street Address		City		By Vehicle	Walk/Bike
Holy Plane Modulars	1007 South	West Blud	KC		-y voinoic	Walk
Signature of Parent or Guardian					Date Signed	77 6.1
Place	Street Address		City			
	on cor Address		City		By Vehicle	Walk/Bike
Signature of Parent or Guardian					Date Signed	
Place						
riace	Street Address		City		By Vehicle	Walk/Bike
Signature of Parent or Guardian					Date Signed	
-						
Place	Street Address		City		By Vehicle	Walk/Bike
Signature of Parent or Guardian					Date Signed	
					Jate Signed	
Place	Street Address		City	E	By Vehicle	Walk/Bike
Signature of Parent or Guardian				 	Date Signed	
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