



**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

I hereby authorize Angelina Thomas (Name of individual/staff member) and/or Amanda Vega-Marec (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 August 2019 and May 2020.  
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local 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 medical status of this child or youth pertinent in case of emergency:

\_\_\_\_\_

Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If 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.



**PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS**

Name of the Facility (exactly as stated on the license)			License #	
Holy Name Preschool + Child Care Center			0237-007	
Street Address of the Facility		City	Zip Code	County
1007 Southwest Boulevard		Kansas City	66103	Wyandotte

\_\_\_\_\_ may go to the following locations off the premises **with** adult supervision:  
**First and Last Name of Child or Youth**

Place	Street Address	City	By Vehicle	Walk/Bike
Holy Name Church	1007 Southwest Blvd	KC	-	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Holy Name Cafeteria	1007 Southwest Blvd	KC	-	Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Holy Name Modularity	1007 Southwest Blvd	KC	-	Walk
Signature of Parent or Guardian			Date Signed	

Place	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	

Place	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	