CCL.010
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Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
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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 #**
Awesome Kids Preschool	48165

I authorize Anna Lynn Rolf and/or Kelly Stein (*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 09/02/2025 (MM/DD/YYYY) and Until Care is Terminated (MM/DD/YYYY).

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

_____

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Signature of Parent or Guardian	**Date Signed**

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