



★ **Required Information**

**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).

<b>Name of facility exactly as stated on the license.</b> Lakeside Sports Day Camp	<b>License #</b>
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I hereby authorize SCP+R Staff (Name of individual/staff member) and/or Lakeside Sports Day Camp Staff (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 06/01/2022 and 07/31/2022.  
MM/DD/YYYY MM/DD/YYYY

★ <b>Signature of Parent or Guardian</b>	<b>Date Signed</b> ★
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★ <b>Witness to Parent's or Guardian's signature if required by the local hospital or clinic.</b>	<b>Date Signed</b> ★
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**Notarization of Parent's or Guardian's signature if required by local hospital or clinic.**

<u>State of Kansas</u> 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: _____
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★ 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: \_\_\_\_\_