

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 Camp Connections North	License # 0052070-011
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I authorize _____ (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 05/01/2025 and 08/31/2025.
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

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 off premised from the facility.