

# Homeschool Enrichment Center of Johnson County

## EMERGENCY MEDICAL CARE AUTHORIZATION FORM

In order to meet all legal requirements, I hereby authorize the Homeschool Enrichment Center of Johnson County to give consent for any and all necessary emergency medical care for my child \_\_\_\_\_ while said child is in said individual's custody.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Name of your physician

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician's address

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy/Program/Card/ID #

\_\_\_\_\_  
Hospital preference

\_\_\_\_\_  
Drug allergies

\_\_\_\_\_  
Date of last Tetanus

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**NOTARY PUBLIC**

State of Kansas  
County of Johnson

The above-signed authority, \_\_\_\_\_ known to be the person whose name is subscribed before me, on this day personally appeared (or is personally known) this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

Notary's Seal