

NOTORIZED MEDICAL AUTHORIZATION

I hereby authorize KidCare staff to seek Polk County Medical Services for treatment and or transport to the nearest emergency medical facility for any and all medical help needed for my child,

_____ in the event of an accident. I understand that KidCare staff

Child's Name

cannot transport a child to any medical facility.

Signature of Parent or Guardian

Subscribed and sworn to me this _____ day of _____, _____.

Notary Signature

Notary Seal