

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director Nombre del Dueño o Director del Centro de Cuidado de Niños
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to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

AUTHORIZATION FOR MEDICAL, DENTAL, AND PSYCHOLOGICAL CARE

The Texas Department of Protective and Regulatory Services (TDPRS) , managing conservator of

Child's Name		Medicaid or Client No.	
Date of Birth	County	Court No.	Cause No.

hereby authorizes _____, hereinafter "the caregiver," to arrange medical, dental, and psychological care for this child under the following terms and conditions:

1. Non-emergency care.

Consent:

The caregiver may consent to routine care provided by a licensed physician, dentist, psychologist, or psychiatrist, subject to the following limitation:

- a) If the child is covered by Medicaid, the provider must accept Medicaid; or the cost of the provider's care must be covered
 - through a county medical - services agency,
 - under the caregiver's health insurance, or
 - by the caregiver directly.

- b) The caregiver must secure the approval of the child's caseworker or the caseworker's supervisor before consenting to
 - a surgical procedure,
 - a treatment that the child's physician considers dangerous, or
 - any other medical treatment that may be threatening to the child's life or long-term health.

Schedule for routine exams/screenings:

Children in substitute care should receive an annual medical exam, due at least once every 13 months, and, if they are one year of age or older, a dental exam due every 7 months and whatever follow up treatment is prescribed by the medical or dental provider. Caregivers should utilize the screenings and services offered by the Texas Health Steps Program when possible. Caregivers should discuss their plans to obtain these screenings and services with the child's caseworker. Caregivers should obtain copies of the screenings, exams, or testing performed, signed by the licensed health care professional if possible, and share copies with the child's caseworker.

2. **Emergency Care.** If the child's caseworker or the caseworker's supervisor cannot be contacted in advance, or if there is not enough time to contact them in advance, the caregiver may consent to any emergency treatment recommended by a licensed physician, dentist, psychologist, or psychiatrist, subject to the following limitations:

- a) The caregiver must notify the child's caseworker or the caseworker's supervisor of the child's emergency treatment

AUTHORIZATION FOR MEDICAL, DENTAL, AND PSYCHOLOGICAL CARE

- immediately if possible, or
 - within 24 hours after the initial treatment
- b) The caregiver must secure the approval of the child's caseworker or the caseworker's supervisor before consenting to voluntary emergency admission to a mental health facility.
3. **Immunizations.** The caregiver may consent to necessary immunizations.
4. **Drug-testing.** The caregiver must secure the approval of the child's caseworker or the caseworker's supervisor before consenting to random drug-testing.
5. **HIV-Testing.** The caregiver must secure the approval of the child's caseworker or the caseworker's supervisor before consenting to any test designed to detect the human immunodeficiency virus (HIV) that causes acquired immune deficiency syndrome (AIDS). The caregiver must also ensure that any duly approved HIV-testing performed on the child conforms to the policies specified in 40 Texas Administrative Code (TAC) §§700.1401-700.1406 (Subchapter N, AIDS Policies for Children in TDPRS's Conservatorship).

_____ Signature - Caregiver	_____ Date	_____ Telephone Number
_____ Signature - TDPRS Caseworker	_____ Date	_____ Telephone Number
_____ Signature - TDPRS Supervisor	_____ Date	_____ Telephone Number

Important: This form is the only authorization to consent to medical, dental, and psychological care that the child's caseworker and supervisor may sign. If either of them has signed any other authorization to consent to such care, that authorization is null and void.