



Cabinet for Health and Family Services

Authorization for Health Care

Name of child:		Date of birth:	
Type of Custody:			
<input type="checkbox"/> Emergency Custody	Date:	<input type="checkbox"/> Temporary Custody	Date:
<input type="checkbox"/> Commitment	Date:	<input type="checkbox"/> Voluntary Commitment	Date:

DCBS defines **routine health care** as routine care in an office setting, to treat symptomatic, chronic or acute illnesses and diseases to include:

- Preventive care measures, such as physicals;
- Simple laboratory tests (not to include testing for HIV/AIDS);
- Immunizations;
- Treatment of communicable diseases;
- Non-invasive radiology procedures;
- Routine suturing of minor lacerations;
- Routine dental care; and
- Other medical procedures not listed, but generally governed by implied consent guidelines in the community setting.

DCBS defines **non-routine health care** as any medical or surgical treatment not listed in the definition of routine health care.

This document verifies that _____ (*name of child*) is in the custody or commitment of the Kentucky Department for Community Based Services (DCBS). Health care may be provided while _____ (*name of child*) remains in the custody or commitment of DCBS.

FSOS Printed Name	FSOS Signature	Date
Judge Printed Name	Judge Signature	Date

I, _____ (*name of parent/caretaker*), understand and agree that it may be necessary for the Kentucky Cabinet for Health and Family Services to provide routine health care to my child while he/she is in the custody of the DCBS. I understand the meaning of routine with regard to health services, as generally outlined above, and hereby give my permission to such care. I have also been informed that, if I choose not to consent, DCBS by virtue of the court's order granting the Cabinet legal custody/commitment is authorized to consent to routine medical care.

Parent/Caretaker Printed Name	Signature	Date
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**** For a child in emergency or temporary custody, medical consent must be from the parent, legal guardian or the court. For committed children, authorization for the medical consent may be given by supervisory staff.**

Contact information for county of case manager	
Name of SSW and FSOS:	Office phone:
Address:	Cell phone:
	On call phone:

VOLUNTARY COMMITMENT

The child named on page 1 is under a voluntary commitment to the Cabinet for Health and Family Services, Department for Community Based Services (DCBS). Under a voluntary commitment, **the parent(s)/legal guardian authorize DCBS to provide such medical care as may be advised by the attending physician** except in cases of non-routine health care needs. In these instances, the parents are to be contacted and their written consent obtained. DCBS supervisory staff may consent when parents cannot be located. If a Cabinet representative cannot be located, the placement provider may authorize emergency medical care.

TEMPORARY or EMERGENCY CUSTODY

The child named on page 1 is in the temporary or emergency custody of the Cabinet for Health and Family Services, Department for Community Based Services (DCBS), and **the child's parent(s)/legal guardian or judge shall provide written approval for non-routine health care**. When the child requires emergency medical care and the parent/legal guardian or judge has not granted prior written consent, or cannot be located, DCBS supervisory staff may authorize emergency medical care. If a Cabinet representative cannot be located, the placement provider may authorize emergency medical care.

COMMITMENT

The child named on page 1 is committed to the Cabinet for Health and Family Services, Department for Community Based Services (DCBS). When medical care is to be provided, **DCBS supervisory staff may provide consent for both routine and non-routine health care needs**. When the child needs emergency medical care, and a Cabinet representative cannot be located, the placement provider may authorize the emergency medical care.

Explanation of Treatment to Minor

(The information below must be fully explained to the minor; minor does not sign the form)
 Routine health services may be provided while you are within the custody of the Kentucky Cabinet for Health and Family Services. If you choose not to consent, DCBS by virtue of the court's order granting the Cabinet legal custody/commitment is authorized to consent to routine medical care.