

HEAD START / EARLY HEAD START ONLY – CHILD’S OR PREGNANT MOTHER’S INFORMATION ONLY. **INCLUDE A SEPARATE PAGE 7 FOR EACH APPLICANT.**

PRIMARY INSURANCE COVERAGE: PRIVATE _____ TITLE XIX (MEDICAID) _____ TITLE XXI (HEALTHWAVE) _____ MEDICARE _____

MILITARY _____ I.H.S. _____ ****ATTACH A COPY OF THE INSURANCE CARD.**

INSURANCE PLAN #/CASE # _____

INSURANCE COMPANY _____

INSURANCE POLICYHOLDER _____

PRIMARY DOCTOR’S NAME _____

ADDRESS _____

PHONE NUMBER _____

DENTAL INFORMATION ****ATTACH A COPY OF THE INSURANCE CARD.**

INSURANCE PLAN _____

INSURANCE POLICY HOLDER _____

PRIMARY DENTIST’S NAME _____

ADDRESS _____

PHONE NUMBER _____

ANY OTHER MEDICAL CONDITIONS (CONCERNED OR SUSPECTED):

ANY SOCIAL SERVICE CONCERNS:

SECONDARY INSURANCE COVERAGE: PRIVATE _____ TITLE XIX (MEDICAID) _____ TITLE XXI (HEALTHWAVE) _____ MEDICARE _____

MILITARY _____ I.H.S. _____ ****ATTACH A COPY OF THE INSURANCE CARD.**

INSURANCE PLAN #/CASE # _____

INSURANCE COMPANY _____

INSURANCE POLICYHOLDER _____

SPECIAL CONDITIONS:

POTENTIAL OR SUSPECTED DISABILITY _____

DIAGNOSED DISABILITY _____

DIAGNOSIS DATE _____

POTENTIAL OR SUSPECTED ALLERGIES _____

REACTION _____

DIAGNOSIS DATE _____

EMERGENCY CONTACTS:

PRIMARY CONTACT

1) _____ RELATION _____

ADDRESS _____

PHONE NUMBER _____

SECONDARY CONTACT

2) _____ RELATION _____

ADDRESS _____

PHONE NUMBER _____

IN ORDER TO MEET ALL LEGAL REQUIREMENTS, I HEREBY AUTHORIZE KICKAPOO HEAD START / EARLY HEAD START PROGRAM STAFF, TO GIVE CONSENT FOR ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD: **THIS AUTHORIZATION IS VALID FOR UP TO ONE YEAR FROM THE DATE OF NOTARIZED SIGNATURE.**

CHILD’S NAME _____ DOB _____

PARENT’S SIGNATURE _____ DATE _____

STATE OF KANSAS COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED _____ KNOWN TO BE AS THE PERSON WHOSE NAME IS SUBSCRIBED ABOVE, AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSE THEREIN EXPRESSED.

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

_____ NOTARY PUBLIC AND FOR _____ COUNTY, KS

MY COMMISSION EXPIRES _____

(SEAL)

*HEAD START DIRECTOR CAN NOTARIZE THIS FORM IF SIGNED IN HER PRESENCE.