



Self-determination
2701 SW Randolph Ave.
Topeka, KS 66611
Phone 785-232-0597
Fax 785-232-3770

Authorization for Emergency Medical Care
And Consent for Medical Treatment

I, \_\_\_\_\_, hereby grant permission for the Self-determination Coordinator and/or employees of
(Participant/Guardian)

\_\_\_\_\_ to release any needed medical information to obtain medical treatment, including
(Name of Participant)

emergency medical care and/or routine office visits, for \_\_\_\_\_
(Name of Participant)

This consent shall remain effective for 12 months from the date signed unless revoked and/or changed below. I
understand that I may revoke this consent, in writing, at any time except for action already taken. Revocation should be
made in writing to: Self-determination C/O TARC, Inc. 2701 SW Randolph Ave, Topeka, KS. 66611.

This consent authorizes a photocopy be considered as valid as the original.

Person Supported

Date

Parent/Guardian

Date

Self-determination Coordinator

Date