COLORADO DEPARTMENT OF HUMAN SERVICES

Larimer County

AUTHORIZATION FOR HEALTH CARE

I, Deputy Division Manager of Children, Youth and Family Service			en, Youth and Family Services for
Larim	er County Dep123artm	ent of Human Services (LCDHS), have been deleg	gated responsibility for the
foster care placement of			by virtue of: (check one)
		(Name of Child)	
	 A court order giving 	ing the County Department guardianship;	
	2. A court order givi	ing the County Department legal custody; or	
	3. A placement con	tract with the parent(s) of said child.	
I do hereby authorizeto consent			to consent to
1) Routine medical care for the prevention and treatment of illness or injury (including immunizations).			
2) Mental health and substance abuse treatment, unless the child is authorized by law to authorize such treatment themselves.			
3) Authorization does NOT include psychiatric medications or major surgery/procedures. Psychiatric medication is a medication used to treat psychiatric illness, including but not limited to anti-psychotics and antidepressants. Major surgery or procedure means any surgery or procedure requiring the use of general anesthesia or which may reasonably result in death or permanent disability.			
4) None of this shall prevent emergency medical care, which is authorized regardless of any provisions to the contrary. Emergency medical care is limited to treatment, which a medical professional attests is necessary within the next 72 hours, excluding weekends and holidays, to avoid death, major impairment or irreparable harm.			
5) No procedure deemed "elective" is authorized. If seeking elective procedures and parental rights are intact, biological parents must consent or there must be a court order authorizing the procedure.			
This authorization shall be in effect during the period of time the child is in the care of the facility.			
On B	ehalf of the Director, La	arimer County Department of Human Services	Date
Child	's Caseworker	Phone #	Date
NOT	TO THE MEDICAL D	DOVIDED.	

NOTE TO THE MEDICAL PROVIDER:

When foster/kinship providers are filling out forms at your office, and the form asks for whom is financially responsible, it is *not* the foster/kinship provider. Children placed into out-of-home placement with LCDHS are covered by Medicaid. If there are questions, please contact the caseworker noted above or call the Hub at 970-498-6900.

^{*} Facility refers to the child(ren)'s provider while in out-of-home placement. e.g. Foster or Kinship providers.