



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
VOLUNTARY PLACEMENT SERVICES

**Medical / Dental Services Authorization**

Licensed Providers: Please take this form with you when seeking emergency or routine medical / dental services for children who are receiving Voluntary Placement Services from the Developmental Disabilities Administration and are in your care.

This is to confirm that \_\_\_\_\_ , \_\_\_\_\_  
CHILD'S NAME DATE OF BIRTH

is receiving Voluntary Placement Services with the Developmental Disabilities Administration, Department of Social and Health Services.

The birth / adoptive parent or legal guardian authorizes \_\_\_\_\_  
LICENSED PROVIDER

to obtain and sign for routine and emergency medical and dental examination and care, as recommended by the child's treating licensed health care provider. This routine care includes well child examinations, immunizations, visual and/or auditory screening, and routine ill child care as well as regular dental examinations and treatments.

Non-emergency care (for example, counseling and treatment, surgery, HIV testing, insertion of ear tubes, neurological examinations, orthodontics, etc.) must have prior approval and requires consultation with the birth / adoptive parent or legal guardian.

PARENT / GUARDIAN'S SIGNATURE	TELEPHONE NUMBER	DATE
LICENSED PROVIDER'S SIGNATURE	TELEPHONE NUMBER	DATE
DSHS/DDA SOCIAL WORKER'S SIGNATURE (WITNESS)	TELEPHONE NUMBER	DATE

This form was written in accordance with RCW 7.70.065 – Informed Consent – Section 2(a)(iv).

**In the event of an emergency involving this child, it is the responsibility of the licensed provider to immediately call the birth/adoptive parent or guardian listed above and the Developmental Disabilities Administration (DDA), Voluntary Placement Services (VPS) / Social Worker.**