



IHS Medical / Dental Services Authorization

Intensive Habilitation Services (IHS) staff: Please take this form with you when seeking emergency or routine medical / dental services for children who are receiving Intensive Habilitation Services from the Developmental Disabilities Administration and are in your care.

This is to confirm that _____, _____
Child's Name Date of Birth

is receiving Intensive Habilitation Services with the Developmental Disabilities Administration, Department of Social and Health Services.

The birth / adoptive parent or legal guardian authorizes IHS Staff 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 childcare 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	Date	Telephone Number (with area code)
IHS Representative's Signature	Date	Telephone Number (with area code)

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 Intensive Habilitation Services Staff to immediately call the birth / adoptive parent or guardian listed above and the Developmental Disabilities Administration (DDA), Case Resource Manager / Social Worker.