



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
INTENSIVE HABILITATION SERVICES (IHS)

IHS Emergency Medical Authorization

Intensive Habilitation Services staff: Please take this form with you when seeking emergency medical care for children receiving Intensive Habilitation Services from the Developmental Disabilities Administration.

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 parent or legal guardian authorizes Intensive Habilitation Services staff to obtain emergency medical care.

Non-emergency care (for example, counseling and treatment, surgery, neurological examinations, orthodontics, etc.) must have prior approval and requires consultation with the parent or legal guardian.

PARENT / GUARDIAN'S SIGNATURE	DATE	TELEPHONE NUMBER
INTENSIVE HABILITATION SERVICES REPRESENTATIVE'S SIGNATURE	DATE	TELEPHONE NUMBER

In the event of an emergency involving this child, it is the responsibility of Intensive Habilitation Services staff to immediately call the parent or guardian and notify the Developmental Disabilities Administration (DDA) Case Resource Manager.