

**NOTICE OF FORM CHANGE NO. 04-236**

DATE

08/18/2004

<b>TO:</b> County Welfare Director Supply Clerk / Forms Coordinator	<b>FROM:</b> Forms Management Unit (916) 657-1907
<input checked="" type="checkbox"/> Community Care Licensing District Offices <input type="checkbox"/> Private and Public Adoption Agencies	<input type="checkbox"/> District Attorney <input type="checkbox"/> Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 627B - Consent For Emergency Treatment - Children's Residential Facilities

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 4/00	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>8/24/04</u>
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No. <input type="checkbox"/> Other (specify)	

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is now a master only - on the internet only.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED  
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

LIC 627B (ENG/SP) (4/00) (CONFIDENTIAL)

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LIC 627B (4/00) (CONFIDENTIAL)