2250 S. Oneida St. Suite 100, Denver, CO 80224, T (303) 433-1975 F (303)433-1980
1465 N Union Drive Suite 102 Colorado Springs, CO 80909 F: (719) 445-0841

MEDICAL PERMISSION FORM

Youth's Name: _____
Date of Birth: _____
Medicaid #: _____
Date of Placement: _____

I _____the _____
(printed name of parent/guardian) (relationship to youth)

of the youth mentioned above, _____ give the

Maple Star Foster Parent(s)_____
(printed name of foster family)

Provider License #: _____ permission to obtain ongoing medical and dental care for the above named youth. In case of a medical emergency, FP will need to call the youth's county of origin to obtain approval as soon as possible.

**(if the caseworker is unavailable, call the main phone number to contact an on-call worker)*

_____ _____
Signature: Legal Guardian Date Signed