

Consent for Routine and Emergency Medical Care

Pursuant to Iowa Code section 232.2(14)(c)(2), as amended by HF 644 (2025), the Iowa Department of Health and Human Services (HHS) may delegate its authority, as custodian, to consent to routine and emergency medical care to a licensed foster parent or approved kinship caregiver.

From (HHS worker name and title)		Financial County		Phone Number	
Name(s) of Child(ren)		Date(s) of Birth	State ID(s)	HHS Status: <input type="checkbox"/> Custody <input type="checkbox"/> Guardianship	
Present placement (check one): <input type="checkbox"/> Approved Kinship Foster Caregiver <input type="checkbox"/> Licensed Foster Parent <input type="checkbox"/> Other (specify):					
Name of foster placement provider:					
Location (street address for placement)		City		State	Zip Code

Consent for Routine and Emergency Medical Treatment

HHS may delegate the Department’s right, as custodian, to consent to emergency medical care and routine medical care on behalf of the child under section 232.2(14)(c)(2), to the individual licensee or approved kinship caregiver.

“Routine medical care” includes but is not limited to the following areas:

- Preventative care, also known as wellness care, not including the administration of a vaccination. Parents or guardians of the child must provide consent for administration of a vaccination.
- Nonemergency medical care including but not limited to a physical examination, a diagnostic laboratory test, or a medical visit for a minor illness.
- Routine dental and vision care, such as cleanings and annual exams.
- Use of necessary medication, including but not limited to antibiotics. This does not include psychotropic/mental health medications. Parents or guardians of the child must provide consent for the administration of new psychotropic/mental health medications.

“Emergency medical care” means a life threatening or serious illness or injury that may result in detriment to the child’s health and requires immediate medical attention.

In the instance where routine or emergency medical treatment may be required, all reasonable attempts to reach the parent or guardian will be made to inform and involve the parent or guardian in the child’s medical care. Should the efforts to contact the parent or guardian prove unsuccessful, I as the foster parent or approved kinship caregiver have been delegated permission for routine and emergency medical treatment to be given to the child named above in my care.

The Kinship Caregiver or Foster Parent will inform HHS in the event of emergency medical treatment. If applicable, contact the Iowa HHS after hours at 1-800-362-2178.

This delegation of consent is valid from the date of signing and remains in effect throughout the child’s placement with the named caregiver unless revoked as indicated below.

Parent’s Contact Information		Guardian Contact Information	
Approved by (signature of Service Area Administrator or Designee)		Title	Date

Revocation of Consent for Routine and Emergency Medical Care

Name(s) of Child(ren):
Name of Foster Placement Provider:
Date Revocation of Consent is Effective:
Reason for Revocation:

Revocation by (signature of Service Area Administrator or Designee)	Date
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