

## Consent for Routine and Emergency Medical Care

Pursuant to Iowa Code section 232.2, paragraph 'c', 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)	_	tatus: tody irdianship	
Present placement (check one):  Approved Kinship Foster Caregiver  Licensed Foster Parent  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, paragraph "c", 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 in writing by lowa HHS.

Parent's Contact Information	Guardian Contact Information		
Approved by (signature of service area administrator of	or designee)	Title	Date