

Medical and Tribal Information



To be filled out by surrendering caregiver:

This questionnaire is being provided pursuant to K.S.A. 38-2282 (k) and (1)(2)(C). The purpose of this questionnaire is to ensure that any important medical or Native American history follow the child to provide the best possible care. As the surrendering caregiver, information on infant health and family medical history are important to the care of the infant. Although you are not required to answer the questions, we ask you to consider providing this important information.

1. Has the infant had any sicknesses or medical problems the next caregiver should know about?

2. Are there any family illnesses or medical history information the next caregiver should know about?

3. Is the infant a member of or eligible for membership with a federally recognized Indian Tribe(s)?

Yes No Unknown

4. What is the name of the Tribe(s)?

5. Is either biological parent a member of or eligible for membership in a federally recognized Indian tribe(s)?

Yes No Unknown

6. What is the name of the Tribe(s)?

To be filled out by receiving facility:

“An employee of a facility described in subsection (c)(1)(A) shall ask the person surrendering an infant whether such infant or either biological parent is a member of or eligible for membership in a federally recognized Indian tribe and the identity of any such tribe or tribes. Any facility maintaining a newborn safety device shall provide the means for the person surrendering an infant to indicate whether such infant or either biological parent is a member of or eligible for membership in a federally recognized tribe or tribes.” This information shall be provided to the secretary and the secretary shall provide such information to the court with jurisdiction over the infant.” K.S.A. 38-2282 (k)

Name of Facility: _____

Name of On-Duty Employee: _____