CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3131 "O" Street Lincoln, NE 68510-1514
402-441-8000 TDD: 402-441-6284 fax: 402-441-6229

LANCASTER COUNTY NEBRASKA
lincoln.ne.gov

POLICY NUMBER: 0600.01
EXHIBIT: B

AUTHORIZED CONSENT AND APPOINTMENT OF AGENT

I authorize the attending dentist and/or hygienist of the Lincoln-Lancaster County Health Department to carry out any dental order, examine, and/or treat my child ________________________, in my absence in accordance with the Health Department's schedules and policies.

Further, I hereby appoint ____________________________(adult 19 years or over), as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care of the above named child for any reaction to medicine, illness, or injury while such person is in the care of the agency and when I am not immediately available to give such consent.

Have there been any changes in the medical and/or dental health of this child since the last dental visit? Yes_____ No_____.

Allergies____________________________

Family Physician______________________

Physician Phone Number ________________________

Dated this ___________ day of __________, 20____________

____

Parent or Legal Guardian Address

____

Phone

____

Witness

This statement can be revoked in writing at any time and expires in any event 60 days after it is signed.

Revised 3/13/14