

**Lincoln OB-GYN, P.C.**

301 South 70th Street, Suite 200

Lincoln, Nebraska 68510

Telephone (402) 483-7641

**Authorization to Consent to Medical Services for a Minor Child**

I \_\_\_\_\_, certify that I am the parent or legal guardian of  
(Parent or Legal Guardian)

\_\_\_\_\_, date of birth \_\_\_\_\_, a minor and that I am authorized to provide informed consent for any medical treatment provided to my child by Lincoln OB-GYN, P.C. I hereby choose to exercise my right to consent to medical treatment for said minor child as follows:

\_\_\_\_\_ I hereby give Lincoln OB-GYN, P.C. consent to provide all medical services required for,  
(Initial) or requested by, the minor child and no further consent from me will be required to provide medical services at any time after the date of this document.

\_\_\_\_\_ I hereby give Lincoln OB-GYN, P.C. consent to provide the following medical services  
(Initial) required for, or requested by, the minor child as reflected by my initials and no further consent from me will be required to provide such medical services at any time after the date of this document:

- \_\_\_\_\_ Office Visits, including pelvic exam
- \_\_\_\_\_ Pap Smear
- \_\_\_\_\_ Laboratory Tests, including blood tests or cultures
- \_\_\_\_\_ Office Procedures, including Colposcopy, Cryotherapy, Ultrasounds, etc.
- \_\_\_\_\_ Prescriptions/Injections, including birth control, antibiotics, etc.
- \_\_\_\_\_ Obstetrical Services

\_\_\_\_\_ Any medical services provided to the minor child shall require my consent at the time  
(Initial) such services are provided.

I understand that I am financially responsible for any medical services provided by Lincoln OB-GYN, P.C. to the minor child. I further understand that my consent to treat will remain in effect until the minor child reaches the age of majority (19) or I provide written notice to the Clinic that I am revoking my consent.

\_\_\_\_\_  
**Printed name of Parent or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**\*If the legal guardian, you must provide the office with Letters of Guardianship\***