

JASPER COUNTY HEALTH DEPARTMENT LEAD POISONING PREVENTION PROGRAM

IN COOPERATION WITH
THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

THE JASPER COUNTY HEALTH DEPARTMENT
105 Lincoln, Carthage, MO 64836 (417) 358-0480

THE JOPLIN CITY HEALTH DEPARTMENT
513 S. Kentucky, Joplin, MO 64801 (417) 623-6122

AUTHORIZATION FOR TREATMENT

Date: ____/____/____

I hereby authorize the Jasper County Health Department or the Joplin City Health Department to perform a lead screening on my child and for the results to be received by the corresponding Health Department.

Child's Full Name: _____ Male/Female

Mailing Address: _____ City: _____ Zip: _____

Contact Phone #: _____ County: Jasper Other: _____

Date of Birth: ____/____/____ Medicaid # (if applicable): _____

Race: White, Black, Asian/Pacific, Native American, Other Mixed, Unknown

Ethnicity: Hispanic, Non-Hispanic, Other, Unknown

Physician Name: _____

Daycare or Preschool (if enrolled): _____ WIC: yes no

Parent/Guardian Name: (please print): _____

Signature: _____