

Alcohol & Other Drugs Testing Parental/Guardian Consent Form

(Please Print)


I,....., the parent/guardian
(Name of parent/guardian)

of....., employed at
(Name of employee/contractor minor)

.....
(Name of Company)

hereby give my consent for the said.....
(Name of employee/contractor minor)

to be tested for alcohol and other drugs by his/her employer, or authorized alcohol and drug testing service provider as per the company alcohol and other drugs testing policy and procedures.

 Yes: No:

I am aware that it is a condition of employment that my child/ward is required to be fit for duty at all times immediately prior to and throughout the entirety of his/her hours of employment, and as may be required by conditions of on-site residence at camp facilities or travel to and from employment/residence.

Parent/Guardian Signature:

Date:

Office use only:

Ref:/.....

Identity of parent/guardian verified by:

Photo ID: Other:

ID Type: ID Number: