

**APPLICANT AND PARENTAL CONSENT FORM
FOR PRE-EMPLOYMENT DRUG TESTING OF MINOR APPLICANT**

Applicant Section

I, _____ (applicant), understand that I am required to submit to pre-employment urine drug testing as more fully described in the attached Frederick Health Employer Solutions Registration Form which we have also signed, as a condition of hire with _____. I further understand that my parent or legal guardian must give his/her consent for me to submit to pre-employment urine drug testing as a condition of hire with _____. I understand that if I refuse to test, or if my parent or legal guardian does not give his/her consent to testing, this may impact my employment with _____.

I understand that test results, written or otherwise, received through _____'s pre-employment drug testing shall be kept confidential, except as may be required or permitted by law. Further, I understand that any and all test results shall be the property of _____.

I understand that my parent or legal guardian and I will be informed of any non-negative drug test result. I understand that my parent or legal guardian and I may request, in writing and upon confirmation of identity, a copy of any drug test results performed upon me.

Parent/Legal Guardian Section

I, _____ (parent or legal guardian), acknowledge that I am the parent or legal guardian of _____ (name of minor child), who resides at _____ (address).

I acknowledge and understand that my minor child will be required to submit to pre-employment urine drug testing as a condition of hire by _____, by providing a urine specimen to the collection facility or lab designated by _____. I hereby give my consent for my minor child to be drug tested. I understand that if my child refuses to test or if I do not consent to the test, this may impact their employment with _____.

I understand that test results, written or otherwise, received through _____'s pre-employment drug testing shall be kept confidential, except as may be required or permitted by law. Further, I understand that any and all test results shall be the property of _____.

I understand that I will be informed of any non-negative drug test result. I understand that I may request, in writing and upon confirmation of my identity, a copy of any drug test result performed upon my minor child.

Applicant Signature

Date

Parent/Legal Guardian Signature

Date