

Parental Consent Form

Donor Name: _____ **Date of Birth(MM/DD/YY):** _____

Last 4 of Social Security Number: _____ **Date:** _____

I, _____ being the parent or legal guardian of _____, hereby consent to have a urine drug screen specimen taken and/or a breath alcohol requested by the employer. I understand that it will be used for drug and/or alcohol analysis and biochemical testing by TEAM Professional Services, Inc. at an authorized laboratory. The result of the test(s) on these specimens will be made available to the employer and or person who has paid for services and their authorized personal.

I hereby consent as stated above and certify the information I have provided is accurate to the best of my knowledge.

Signature of Donor: _____ **Date:** _____

Printed Name of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Relationship:** _____