



## **Pre-Employment Drug Screen Parental Consent Form**

I, as the authorized legal guardian of the minor whose name appears below, provide consent for the City of Gahanna to administer substance abuse testing to the minor listed below.

I understand that the minor may be required to provide a urine, breath, saliva and/or blood sample for drug and/or alcohol testing and I consent to such testing.

Should there be a positive test result, I understand that the Medical Review Officer (MRO) may ask the minor to provide information about any legal non-prescription drugs and other drugs for which the minor has a prescription that he/she takes routinely or has taken within the last thirty (30) days.

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Name of Minor

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Name of Legal Guardian

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Signature of Legal Guardian

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Date