



## Parental Consent Form for Minor Employment Drug Testing

Nationwide Children's Hospital is a drug-free work place and thereby does drug screens on all final candidates being considered for employment. I understand that your son/daughter (name) \_\_\_\_\_, (DOB) \_\_\_\_/\_\_\_\_/\_\_\_\_\_, is an applicant being considered for employment with Nationwide Children's Hospital. As my child is under the age of 18 years, I give my consent for them to be drug tested. I also understand that if my child has a positive drug test result I will be notified accordingly.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (Minor)

\_\_\_\_\_  
Date