

Parental Consent Form for Minors



City of Jeffersonville Parental Consent for Employee Drug Testing

My minor child, _____, has been offered employment by the City of Jeffersonville (herein known as "the City"). I fully understand that as an employee of the City, my child will be subject to the City's Drug and Alcohol Policy.

My child has been provided a copy of this policy, and I hereby acknowledge that I have thoroughly read and understand its terms and provisions.

My signature hereon serves as parental consent:

- a) For my child to undergo pre-employment drug testing and to submit a urine sample for that purpose;
- b) For my child to be further drug and alcohol tested in accordance with the terms of the City's policy and as permitted by law;
- c) For the City to submit my child's urine sample for testing for drugs and/or alcohol prohibited by its policy; and
- d) For the City to obtain the results of my child's drug test from a certified laboratory for use in accordance with the City's policy.

Any questions can be answered by the City's drug testing administrators, Brian Smith at 812-280-3805 or Kim Calabro at 812-285-6405.

NAME OF MINOR (printed): _____

RELATIONSHIP TO THE MINOR: _____

PARENT/LEGAL GUARDIAN NAME (printed): _____

SIGNATURE: _____

DATE: _____