



Consent for Drug Screen of a Minor

(I/We), the undersigned parent(s) or legal guardian(s), as agents for the undersigned of _____ (minor's name), a minor, do hereby give consent to the staff of NorthBay Occupational Health for the collection of a specimen for drug screening under the general supervision of a physician licensed under the provision of the Medical Practice Act. It is understood that this consent is given in advance of the specific drug test collection.

This consent is given in advance of any specific diagnosis, treatment, or medical care being required, and pursuant to the provisions of Section 25B of the California Civil Code.

This consent shall remain in effect until revoked in writing or _____, 20__ (DATE) unless revoked in writing prior to that date.

Legal Guardian name (Please Print)

Signature

() -

Telephone number

Date

Office Address: 2470 Hilborn Rd, Ste 100, Fairfield, CA 94534
Tel: 707.646.4600 Fax: 707.646.4601
Mailing Address: 4500 Business Center Dr., Fairfield, CA 94534
Web: NorthBay.org/occhealth

Office Use Only:

Last Name, First _____ DOB: _____ Age _____