



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.

Name of Minor

Name of Legal Guardian

Signature of Legal Guardian

Date