

CONSENT FOR TREATMENT OF MINORS

I, the undersigned, _____ parent/legal guardian of
_____, give consent for Community Occupational Medicine
to medically treat my son or daughter.

Signature Date

If you are here for The Elkhart County Probation Department, your drug screen will be a direct observed collection, per their collection protocol. By signing below, you are acknowledging that you have been informed of their policy.

Signature Date