



CONSENT FOR TREATMENT OF MINORS

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

Signature

Date

If you are here for an observed collection based on employer policy, your drug screen will be directly observed by one of our medical staff members who will be following observed collection protocols. The staff member should explain the observed collection protocols to you before proceeding with the collection. By signing below, you are acknowledging that you have been informed of the employer's policy.

Signature

Date