

**DRUG TEST CONSENT AND RELEASE FORM**  
*For Minor Prospective Employees*

Minor's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I understand that the above named minor child has been given a conditional offer of employment with the Town of Riverhead (TOR), contingent upon successful passing of a drug test, among other requirements. I further understand that any information regarding the results of this drug test will be held personal and private and is to be released only to the TOR to satisfy the requirements for pre-employment drug testing.  
**\*\*\*Further, I understand that the results of the test may be released by the TOR to the applicant only, unless the applicant provides a specific, written directive allowing results to be released to a named parent or legal guardian.**

As the parent/legal guardian of this minor, I hereby authorize the collection facility, physician or certified laboratory contracted by the TOR to take urine samples from the above named minor child to analyze for the presence of controlled substances and release the results of that test to the TOR. I understand that my refusal to authorize such procedures will preclude the above named minor child from further consideration for employment.

By signing below, I certify that I am the parent/legal guardian of the minor child listed above and have the legal authorization to sign on behalf of the minor child, whether by court order or by operation of the law.

Parent/Legal Guardian Signature \_\_\_\_\_

Applicant (Minor Child) Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian's full name: \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Parent/Legal Guardian's Daytime Telephone Number (    ) \_\_\_\_\_

**\*\*\*I \_\_\_\_\_, hereby authorize the release of all pre-employment drug testing results to my Parent/Legal Guardian.**

Signature of Applicant/Minor \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

\*\*\*\*\*  
Please return this completed form to the Town of Riverhead, Office of Personnel as soon as possible.

TOR Official Signature Date \_\_\_\_\_