



## **CONSENT FORM – DRUG AND ALCOHOL TESTING**

I, \_\_\_\_\_, consent to allow Dodge Ridge to collect urine and blood specimens from me for testing for alcohol, drugs, and controlled substances. I also give my consent for the release of the test results to appropriate management employees. I understand that if I decline to sign this consent and decline to take the test, my application for employment may be rejected or my employment with the company may be terminated.

**Agreed to:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature of Employee*

---

**Refused:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature of Employee*

---

**Reason for Refusal:** \_\_\_\_\_.

**NOTE:** **If under 18**, please also complete the *APPLICANTS UNDER AGE 18 Drug and Alcohol Screening Consent Form Addition*



**APPLICANTS UNDER AGE 18**  
**Drug and Alcohol Screening Consent Form Addition**

**In addition to providing your signed *Drug and Alcohol Screening Consent Form*  
Please have your parent or legal guardian complete this form**

I understand the above conditions and Dodge Ridge's drug and alcohol testing policy and authorize Dodge Ridge to administer testing for alcohol, drugs, and controlled substances on my minor child or dependent, including by collecting urine and blood specimens. I consent to such required testing and to the disclosure of the release of the test results to appropriate management employees. By signing below, I hereby represent that I am the parent or legal guardian of the minor identified below and am providing my consent for the testing for alcohol, drugs, and controlled substances of the minor.

**NAME OF MINOR APPLYING FOR EMPLOYMENT:** \_\_\_\_\_

**NAME OF PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_

**RELATIONSHIP TO APPLICANT/EMPLOYEE:** \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_