



Marshfield Clinic Health System

Procedure of Minors—Limited (One Time Use)

Consent-Urine Drug Screen and Blood Collection

To comply with Wisconsin law, Marshfield Clinic Health System requires that a parent (not a step parent/foster parent) or legal guardian (guardian appointed by a court) accompany any minor children (18 years of age or younger) to their screening appointment. In the event that the parent or legal guardian is unable to accompany the minor to the appointment, the parent or legal guardian must sign this Consent—Urine Drug Screen and Blood Collection-Limited (One Time Use)

Parent or legal guardian name: _____

Child's name: _____

I consent to the drug screen and blood collection procedure for my child related to his/her appointment at Marshfield Clinic Health System

On date-month/date/year ____/____/____

For (reason for appointment—specify) for screening to volunteer at Marshfield Clinic Health System

Parent/Legal Guardian Name (Print): _____

Parent/Legal Guardian Name Signature: _____

Parent/Legal Guardian address: _____

Parent/Legal Guardian phone number: _____

Relationship to Child: _____

Date: _____