State of Louisiana Division of Administration
Drug Test Consent and Release Form for Minor Prospective Employees

> **Instructions:** Complete, sign and return this form to the Division of Administration, Office of Human Resources as soon as possible.

Applicant Information

Minor's Full Name: _____Age: _____ Date of Birth: _____

Address:_____Social Security # _____

City: _____State:_____ Zip Code: _____

Parent or Legal Guardian Information

Parent/Legal Guardian Full Name: _____

Address:_____

City: _____State: ____ Zip Code: _____

Daytime Telephone Number: _____

Acknowledgement and Signatures

I understand that the above-named minor child has been given a conditional offer of employment with the Division of Administration (DOA), 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 DOA to satisfy the requirements for pre-employment drug testing.

As the parent/legal guardian of this minor, I hereby authorize the collection facility, physician or certified laboratory contracted by the DOA 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 DOA. 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 Date Applicant (Minor Child) Date

_____

OHR Signature Date

OF-724; 03/06/26

A photocopy of this document will serve as original for 15 days from signature date.