



**FORM #4**

**Junior Counselor Drug Test Consent**

(Must be completed if applicant is under 18 years old)

Please print name of applicant\_\_\_\_\_.

I, \_\_\_\_\_ (print name of guardian) give permission  
for \_\_\_\_\_ (print name of applicant) to receive  
random or post-accident drug testing during employment at Green  
Chimneys.

Guardian's Signature: \_\_\_\_\_

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