



Aurora Health Care®

Aurora Occupational Health Services

Site: Manty Health and Wellness

CONSENT FOR TREATMENT OF MINORS

- I, the undersigned parent/guardian of X, hereby consent to and authorize Aurora Occupational Health Services to perform employer occupationally-related services of 5 panel Rapid Drug Screen (Type of service*)
- for my above named child/ward on X (Date of service)

I hereby indemnify and hold harmless the medical providers and other persons who act in reliance upon this authorization.

● X Parent/Guardian X Date

Please complete information on child for physical examinations or worker’s compensation injury treatment only:

Allergies: _____

Last Tetanus: _____

Current Medications: _____

*Parent/Guardian must also complete “Authorization for Disclosure of Health Information” form, X21653, when applicable (Authorization for disclosure is not needed for worker’s compensation injury treatment only).