



1124 Washington Blvd.  
Newcastle, WY 82701  
HOSPITAL (307) 746-4491  
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### PARENTAL CONSENT

Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

As a condition of employment, I understand that WCHS policy requires post-offer, pre-employment drug testing of all applicants. During employment employees may be randomly selected for drug screens while employed at WCHS as well as the possibility of being screened for suspicion. I also understand that Wyoming State regulations stipulate that all new hires receive an initial two-step TB (tuberculosis) test and then annual TB testing thereafter. In addition, blood is drawn to determine immunity to Hepatitis B, Rubella, Rubeola, Varicella and Mumps.

By signing below, I grant permission for my minor child to be drug tested, receive a two-step TB test and have blood drawn as a condition of employment at Weston County Health Services.

If you choose for you child to receive them, WCHS offers to its employees the Hepatitis B series, if not already completed, and an influenza vaccination during flu season.

I give my permission for my child to receive the Heb B series:  YES  NO

I give my permission for my child to receive the flu vaccine:  YES  NO

All tests and vaccinations, including optional vaccinations, are free of charge to the employee.

This document must be witnessed by WCHS's ER clerk or laboratory personnel or acknowledged by a Notary Public.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### ACKNOWLEDGEMENT

State of Wyoming )  
                          ) §  
County of Weston )

The foregoing instrument was acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_