

Mercy Business Health Services
Parental Consent for Medical Treatment of Minors



All applicants for employment with Keswick Multi-care who are under 18 years of age must present this form, signed by parent or guardian when they report for their pre-employment physical.

Full Name of Minor _____

Address of Minor _____

Birth Date of Minor _____

I am the parent or guardian of the minor named above. I understand that the minor must have a physical examination by Mercy Business Health Services in order to work for Keswick Multi-care. I consent to the performance of the following procedures on minor by Mercy Business Health Services:

A physical examination which may include tuberculin (T.B.), blood and urine tests.

Immunization against tetanus and whatever other immunization is desired necessary by the physicians of Mercy Business Health Services.

Medical treatment, counseling or referral required because of an on-the-job injury, illness or condition.

This permission shall be continuous until it is revoked in writing.

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

Relationship to candidate/employee:

Mother () Father () Legal Guardian ()

- **THIS PHYSICAL EXAMINATION MAY INCLUDE DRUG SCREENING.**