



HUMAN RESOURCES DEPARTMENT

I (full name of parent/legal guardian) \_\_\_\_\_, give consent/permission for my child under eighteen (18) years of age to participate in the following programs as required for possible employment, and as needed for continued employment, with the City of New Braunfels:

- To complete a criminal background check;
- To complete a pre-employment drug screen (applicable to positions designated as safety and/or security sensitive);
- To be provided routine first aid and injury care in the event of a workplace injury or illness;
- To be provided emergency medical care in the event my child is injured or becomes ill, and I am unavailable to indicate my wishes regarding treatment.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Parent/Guardian's Telephone Number with Area Code: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Street Address

\_\_\_\_\_  
City State Zip