

Jersey Shore Wellness Studio  
Oceanport - NJ  
**Consent for Drug Screening**

By signing this form I agree to random drug screenings as part of my treatment plan and/or evaluation process. I understand the cost of a screening is \$15 which I am responsible to pay for at the time of service.

I also consent to the disclosure of these results to my Parent/Guardian (if individual is a minor), Probation, Parole, DCPP, or court involved entities, if applicable.

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**Client (Please print/sign/date)**

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**Child (14 years or older, please sign)**

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**\*If Client is under the age of 18, parent's signature is also required**