

Staff Welfare

Driver Drug Testing: Applicant Consent

APPLICANT CONSENT FOR DRUG AND ALCOHOL TESTING

I hereby consent for the Laquey School District or its designated agents to collect a urine or blood sample from me and conduct necessary tests to determine the presence of illegal drugs, controlled substances, or alcohol.

I also consent to the release of the test results to authorized District administrators for appropriate review.

I further agree that, in the event a confirmed positive test for illegal drugs or controlled substances results, I may have to provide the laboratory or the Medical Review Officer with a list of all medications which I have used within the past thirty (30) days. I understand that this information is provided to identify false positives.

I understand that if, in the opinion of the testing laboratory or Medical Review Officer, the result of my test is positive for illegal drugs, controlled substances, or alcohol, the

The Laquey School District may deny my application for employment.

AGREED: _____
Signature Date

Witness: _____
Signature Date

REFUSED: _____
Signature Date

Witness: _____
Signature Date