

**Staff Welfare**

**Driver Drug Testing: Applicant Consent**

**APPLICANT CONSENT FOR DRUG AND ALCOHOL TESTING**

I hereby consent for the \_\_\_\_\_ 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 \_\_\_\_\_ School District may deny my application for employment.

AGREED: \_\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Signature Date

REFUSED: \_\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Signature Date