

DRUG AND ALCOHOL PROGRAM  
CONSENT/RELEASE FORM

I have read the statement of policy and agree to abide by the Gore Board of Education drug and alcohol program rules. I agree to submit to drug and alcohol tests at any time as a condition for my initial or continued employment. I authorize any laboratory or medical provider to release test results to the Gore Public Schools and its medical review officer.

I expressly authorize the board of education or its MRO to release any test-related information, including positive results, to the Unemployment Compensation Commission or other government agency investigating my employment or the termination thereof.

I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal and state law.

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Drug Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Gore Public Schools