

DRUG AND ALCOHOL PROGRAM
VOLUNTARY TESTING PROGRAM
CONSENT FORM

I have read the district's drug-free workplace policy statement and understand that my performance as an employee of the district and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby voluntarily agree to accept and abide by the standards, rules, and regulations set forth in the district's drug and alcohol program.

I also authorize a certified lab to conduct drug and/or alcohol tests on a specimen that I will provide. I also authorize the release of information concerning the results of such test(s) to the Gore Public Schools and its medical review officer. I understand that these results will also be made available to me.

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 by signing this voluntary consent to testing, that I will be required to participate in the program through the current school year, but that I will be given the opportunity to either withdraw my consent or to renew it for the ensuing school year.

I also understand that this agreement in no way limits my right to terminate my employment or to be terminated in accordance with federal and state law. I acknowledge that I have consented to participate in the program voluntarily and of my own free will, and hereby agree to the terms, conditions, and consequences of the voluntary testing program.

Employee: _____ Date: _____

Drug Program Coordinator: _____ Date: _____

Gore Public Schools