

1.9F1 – DRUG TESTING FORM

**VAN BUREN PUBLIC SCHOOLS
DRUGS TESTING CONSENT FORM**

I have read and agree to abide by the Van Buren Public Schools drug and alcohol policy for safety sensitive employees. I agree to consent to drug and/or alcohol tests at any time, based upon the policy as condition for my initial or continued employment. I authorize any laboratory or medical provider to release test results to the Van Buren Public Schools through its medical review officer.

I authorize the Van Buren Public Schools or its medical review officer 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 CDL License Number _____

Drug Program Coordinator _____

Date _____