

GALLIPOLIS CITY SCHOOL DISTRICT
SUBSTANCE ABUSE TESTING CONSENT FORM

I understand that the Gallipolis City School District Board of Education's policy and regulation EEACD and EEACD-R "Drug and Alcohol Testing for Employees Required to Obtain a Commercial Driver's License" and 49 CFR Part 382 establish conditions under which I shall be required to provide a breath or urine sample for drug and/or alcohol testing. Should this occur, I hereby consent to such testing. I further authorize the testing laboratory to release my test results and related medical information to designated School District supervisor(s), any designees of the Superintendent, and/or any outside reviewing agent(s) chosen by the Gallipolis City School District.

Should there be a positive test result, I understand that the Medical Review Office (MRO) may ask me to provide, and I agree to provide, information about any prescription and/or non-prescription drugs that I take routinely or have taken within the thirty (30) days prior to the drug test at issue.

I understand that any communication I may have with the collection site personnel, testing laboratories or MRO is not meant to and does not create or imply any form of doctor/patient or privileged relationship.

EMPLOYEE'S SIGNATURE

EMPLOYEE'S NAME (PRINTED)

WITNESS

DATE

DATE

[Adoption date: November 20, 1995]

Revised: July 17, 1996