DRUG AND/OR ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the West Fargo Public Schools Drug and Alcohol-Free Workplace policy, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under district policy, or if I otherwise fail to cooperate with the testing procedures, I may be subject to disciplinary action up to and including termination of employment. I further authorize and give full permission to have the District send the specimen(s) collected to a collection site for a screening test for the presence of any prohibited substances under the policy, and for the collection site or other testing facility to release any and all documentation relating to such test to the District and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the District to disclose, to the extent permitted by law, any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized district employees shall have access to information furnished or obtained in connection with the test; that they shall maintain and protect the confidentiality of such information to the greatest extent possible; and that they may share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I shall hold harmless the District, and any collection site the District might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a district or collection site representative makes an error in the administration or analysis of the test or the reporting of the results. I shall further hold harmless the District, and any collection site the District might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

_____ _____

Signature (Employee) Date

_____ _____

Signature (Supervisor/Administrator) Date