

DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent for:

Patient Name _____ DOB _____

To furnish a urine sample for drug screening. I further agree to and hereby authorize the release of the results of said tests to GWAHCA who will then provide the results to the patient/parent/guardian/authorized person.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Signature: _____ Date: _____
Patient/Parent/Guardian/Authorized Person

Print Name: _____

Testing Results:

Negative

Positive

Clinical Staff Signature: _____ Date: _____