

**SCHOOL DISTRICT OF WAUPACA**

**SERIES 500 PERSONNEL**

**CODE: 523.2-R1**

**REASONABLE SUSPICION DRUG TESTING CONSENT FORM**

I hereby agree, upon a request made under the drug and alcohol testing policy of Waupaca School District, to submit to a drug and/or alcohol test and to furnish a sample of my urine for analysis. I understand and agree that if I at any time refuse to submit to a reasonable suspicion drug and/or alcohol test, if I fail to comply with District policy or directives, or if I otherwise fail to cooperate with the testing procedures, my employment with the District may be terminated. I further authorize and give full permission to have the District and/or its testing facility to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the District.

I understand that the results of my drug and/or alcohol test will only be disclosed to District employees with the need to know the results of such test, and such results shall be kept confidential.

I have been provided a copy of the policy, and by signing below, I acknowledge that I agree to adhere to the policy. Further, the policy and authorization have been explained to me in a language I understand, and I understand that if I have any questions about the test or the policy, I must ask those questions and they will be answered.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name – Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Representative

\_\_\_\_\_  
Date

ADOPTED: 080817

REVISED:

REVIEWED:

LEGAL REFERENCE:

CONTRACT REFERENCE:

CROSS REFERENCE:

School District of Waupaca is an Equal Opportunity Employer