

**REGULATION
DRUG SCREENING CONSENT FORM**

**Tonkawa Public Schools
Drug Screening Consent Form**

I have read the Drug Screening Policy and Drug Screening Regulation and I agree to abide by Tonkawa School District's drug and alcohol rules. I agree to submit to drug and alcohol tests at any time as a condition for my initial or continued employment. I authorize any laboratory or medical provider to release test results to this school district, its board and its superintendent.

I expressly authorize the Tonkawa Board of Education to release any test-related information, including positive results, to the Oklahoma 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

Superintendent or Designee

Date