



Random Drug Testing Consent Form

Simulated Workplace reflects real-world workplace expectations and prioritizes safety, responsibility, and professionalism. The use of drugs, alcohol, or controlled substances creates safety risks in any workplace.

As a condition of participation in Simulated Workplace, students must comply with drug-free workplace expectations in accordance with the **(COUNTY NAME)** Random Drug Testing Policy. This form documents consent for required random drug testing.

Consent

By signing below, I understand and agree that:

- Participation in Simulated Workplace requires compliance with drug-free workplace expectations.
- Random drug testing may occur in accordance with county policy.
- The county policy has been made available for review and is understood.

This consent authorizes:

- Submission to random drug testing, including providing a sample;
- Testing conducted per county policy;
- Submission of the sample by **(SCHOOL NAME)** to a certified laboratory; and
- Release of results to **(SCHOOL NAME)** and **(COUNTY NAME)** as permitted by policy.

This process supports a safe learning and work environment and is not disciplinary in nature.

Release

I release **(NAME OF DRUG TESTING COMPANY)**, **(SCHOOL NAME)**, and **(COUNTY NAME)** from liability arising from drug testing conducted in accordance with established policy.

Student Name (Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Non-Discrimination: The (Name of Recipient) does not discriminate on the basis of race, color, national origin, sex, disability, or age. For questions regarding non-discrimination policies, contact:

Name and/or Title: _____

Address: _____