

LAWRENCE COUNTY SCHOOL SYSTEM
Michael Adkins, Director of Schools
1620 Springer Road
Lawrenceburg, TN 38464
(931) 762-3581 Fax (931) 762-1140

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by the Lawrence County Board of Education in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Mid Tennessee Medical may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Board of Education for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Board of Education.

I understand that it is the current illegal use of drugs and /or abuse of alcohol that prohibits me from being employed by the Board of Education.

I further agree to hold the Board of Education and its agents (including the above-named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Board of Education's consideration of my employment application.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

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

Applicant
Print Name _____ S.S. -----

Applicant
Signature _____ Date _____

Witness
Print Name _____

Witness
Signature: _____

MISSION STATEMENT
Schools and the Community: Working Together for Student Success