

**DRUG AND ALCOHOL PROGRAM
CONSENT/RELEASE FORM**

I have read the statement of policy and I agree to abide by the Amber-Pocasset School District's drug and alcohol program 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 district and its medical review officer.

I expressly authorize the Amber-Pocasset Board of Education or its MRO 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

Drug Program Coordinator
Amber-Pocasset Public Schools

Date