

DRUG TESTING CONSENT FORM

As a condition of employment with the Haywood County Consolidated School System, I agree to be tested for use of drugs by a drug test center approved by the Haywood County Consolidated School System and I further agree to the release of the test results to the Superintendent of the Haywood County Consolidated School System.

I acknowledge that I have read and have been given a copy of the Haywood County Consolidated Schools DRUG FREE WORKPLACE POLICY.

Listed below are prescription drugs which I currently take:

Name of Applicant

Signature

Date