

EMPLOYEE CONSENT FOR DRUG AND/OR ALCOHOL TESTING

I have been informed of the Omaha Public Schools Foundation Substance Abuse Policy and agree to be bound to these programs thereby for purposes of applying for, accepting, or continuing employment with the Omaha Public Schools Foundation. I understand that these policies do not alter the Omaha Public Schools Foundation at Will Policy. I also hereby state that I am not a user of controlled substances, except as listed below under medical supervision.

I understand and consent freely and voluntarily to the Omaha Public Schools Foundation's request for urine or other specimen or sample. I hereby release and hold harmless the Omaha Public Schools Foundation, the laboratory, their employees, agents, and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my application for employment, based upon the results of the tests. I consent to allow any Omaha Public Schools Foundation designated physician, laboratory, hospital, or medical professional (including a nurse) to perform appropriate chemical tests for the presence of alcohol, drugs, other controlled substances and adulterants. I give my permission to any Omaha Public Schools Foundation designated physician, laboratory, hospital, or medical professional (including a nurse or physician assistance) to release the results of these tests to the Omaha Public Schools Foundation, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

I understand that refusing or failing to submit the specimen or cooperate in any other way (including the use of an adulterant) is subject to disciplinary action up to and including termination of employment. I verify consent by signing this document that I have been given the opportunity to ask questions and address concerns regarding this policy.

Employee's Signature

Date: _____

Employee's Name (Printed)

Omaha Public Schools Foundation Representative

Date: _____