

Frederick County Public Schools

PERSONNEL

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Alcohol and Controlled Substances Testing Acknowledgement and Consent

**ALCOHOL AND CONTROLLED SUBSTANCES TESTING
ACKNOWLEDGEMENT AND CONSENT**

I have read and understand Frederick County Public Schools policy regarding alcohol and controlled substances testing. I agree to submit to alcohol and controlled substances testing as required, as a condition of initial or continued employment.

I authorize Frederick County Public Schools to designate the approved laboratory of its choice and to release the results of any test to the designated Medical Review Officer.

I further understand that if a controlled substances test is confirmed positive, or I refuse to be tested, I may be denied employment or terminated.

Name: _____ (Please Print)

Employee ID Number _____

Signature:

Date:

Adopted: July 3, 2018