

**WESTERN AREA CAREER & TECHNOLOGY CENTER
PRE EMPLOYMENT DRUG TESTING VOUCHER
SCHOOL DRUG SCREEN**

NAME: _____

ADDRESS: _____

BIRTHDATE: _____ **SOCIAL SECURITY NUMBER:** _____

Western Area Career & Technology Center authorizes the approved lab listed on the attached sheet to perform a drug screen on the above individual. Cost of testing will be borne by the Western Area Career & Technology Center.

_____	_____	_____	_____
School Authorization	Date	Time	Time Limit

I have received this voucher at the date and time above and understand that it must be redeemed within the timeframe outlined in the Procedure for Drug Testing in the Pre-Employment Drug Testing Policy.

Signature

I, _____ Social Security Number _____ in accordance with the drug abuse policies of Western Area Career & Technology Center which I have read and understand, do hereby give my consent for the medical facility provider to perform body fluid tests on me for the purpose of determining the presence of drugs pursuant to the policies and procedures developed by Western Area Career & Technology Center and agree to hold all parties harmless.

I authorize the release of these results to Western Area Career & Technology Center and understand that if the test results indicate the presence of any drug, other than a drug prescribed by my doctor, I will not be recommended for employment.

I am taking the following medication: *(Include over-the-counter medication taken for headache, colds, allergy, weight control, pain, indigestion, asthma, etc. Reporting birth control medication and doctor's diagnosis is not required.)*

Name of Medication

Doctor Issuing Prescription

Donor's Signature

Date

School Representative's Signature

Date