

NURSING PROGRAM DRUG TESTING WAIVER **AGREEMENT**

I understand that as a requirement for admission to the clinical component of the nursing program, I must submit to a drug test at a designated laboratory, which will provide the result of the test to the administrator of the nursing program. I understand that if the test result is positive, I will be denied admission to the nursing program clinical component. I further understand that I will be subject to drug tests while enrolled in the nursing program clinical component. A positive drug test or refusal to submit to testing will result in dismissal from the nursing program clinical component.

BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE NURSING PROGRAM DRUG TESTING POLICY. I UNDERSTAND THAT A NEGATIVE DRUG TEST IS REQUIRED FOR ADMISSION AND FOR PROGRESSION IN THE NURSING PROGRAM.

THIS SIGNED DOCUMENT CONSTITUTES MY CONSENT FOR DRUG TESTING BY A DESIGNATED LABORATORY. IT ALSO CONSTITUTES CONSENT FOR THE LABORATORY TO RELEASE THE RESULT OF MY DRUG TO THE ADMINISTRATOR OF THE NURSING PROGRAM.

DATE:

Printed Name of Student

Student Signature