



CROSSROADS CHRISTIAN SCHOOL

Consent to Drug Testing

Staff Form

I, _____, give permission for Crossroads Christian School to conduct a drug test. I understand that I will be expected to furnish my saliva for analysis. I understand that if I test positive for drugs, I will be subject to immediate termination. I understand and agree that if, at any time, I refuse to submit to a drug test or otherwise fail to cooperate with the testing procedures, I will be terminated from Crossroads Christian School. I understand that Crossroads Christian School will conduct drug tests randomly throughout the school year.

Printed Name

Date

Signature

Date