

Attachment B
Student's Consent to Drug/Alcohol Testing and Release and
Student's Consent to Release Test Results to Capstone College of Nursing

I, _____, a ____ year-old student enrolled in the Capstone College of Nursing, having read the Capstone College of Nursing Substance Abuse Policy and Drug/Alcohol Testing Policy, understand that as a precondition to assignment to or placement with any affiliating clinical agency, I am subject to that particular agency's substance abuse policies and/or drug/alcohol testing policies, and I may be required to submit to pre-clinical placement drug testing, random drug testing, or drug testing when there is reasonable suspicion to believe that I may be impaired or have been engaged in substance abuse as defined by the College's substance abuse policy or by the affiliating clinical agency. I understand that the cost of any drug testing required by any affiliating clinical agency with which I may be placed shall be borne by me. ***By my signature below, I hereby give my complete and voluntary consent to submit to any such drug test(s) at a designated laboratory or other location as required by any affiliating clinical agency at which I am placed for nursing school requirements.***

I further understand that I may be subject to drug tests based on reasonable suspicion for substance abuse while attending any Capstone College of Nursing courses or clinical activities.

I understand that pursuant to the College's policy, a positive drug test for substance abuse will result in dismissal from the program in which I am enrolled. I also understand that if I refuse to submit to drug testing required by the affiliating clinical agency, the Capstone College of Nursing will have no responsibility to find me another clinical placement and I may be dismissed from the nursing program. I understand that if I refuse to submit to drug testing based upon reasonable suspicion for substance abuse, I will be dismissed from the nursing program.

I understand that the clinical agency and Capstone College of Nursing have a legitimate need to receive the results of my drug tests performed in accordance with this policy. ***I give my consent to, and hereby authorize any drug testing facility and its physicians,*** including the Medical Review Officer, employees, and representatives, that conducted drug testing pursuant to the drug testing policies of the affiliating clinical agency or the Capstone College of Nursing and that has control over any documents, records, or other information pertaining to any drug testing of me, ***to furnish originals or copies of any such documents, records, or other information to the affiliating clinical agency requesting the test and/or to the Russell Student Health Center (if appropriate) and Capstone College of Nursing and/or its officers, employees, and representatives.*** I further consent to and hereby authorize any drug testing entity to answer the College's questions and inquiries concerning me and those documents, records, and other information, including, without limitation, drug testing results, medical records, medical reports, analyses, questionnaires, and other materials which may have been made or prepared pursuant to or in connection with my drug tests.

I waive, release, and discharge forever the drug testing facility and its physicians, including the Medical Review Officer, employees, and representatives that conducted drug testing required by the College of Nursing's Policy and every other person, firm and institution (including the College of Nursing and/or Russell Student Health Center) which shall comply in good faith with this authorization and consent from any and all claims of whatsoever kind and nature arising out of or resulting from the drug testing, disclosing, inspection, releasing and furnishing of such documents, records, or other information.

Student's printed name

Student's signature

Date