

CONSENT TO DRUG AND/OR ALCOHOL SCREENING TEST

I hereby consent to the taking of a urine sample to be used for a drug screening test (a "sample"). I specifically authorize DISA/Midwest Toxicology Services LLC and Witham Toxicology Laboratory, its employees and agents to assist in the collection and screening of my sample(s). I have been informed and understand that I retain the express right to stop the taking of the sample and/or testing of my sample(s) at any time and that I may leave the room at any time.

I hereby authorize and direct this DISA/Midwest Toxicology Services LLC and Witham Toxicology Laboratory and/or its employees and agents, to release my test results to my school, Reitz Memorial High School, or an authorized agent thereof.

I understand that this authorization to release screening test results will remain in effect unless revoked in writing and that I may revoke this authorization at any time (except to the extent that action has been taken in reliance thereon), but that in no event may the release from liability be revoked or nullified in any manner.

By signing this consent and in consideration for this DISA/Midwest Toxicology Services LLC and Witham Toxicology Laboratory's agreement to perform a drug screening test, I agree to forever release and hold harmless the DISA/Midwest Toxicology Services LLC and Witham Toxicology Laboratory, Catholic Diocese of Evansville and Reitz Memorial High School from any and all liability whatsoever arising from collecting my sample(s) and releasing the results of my drug screening test to the above-named school. I further specifically agree to relinquish any and all rights to privacy I may have with regard to the release of my results of my drug screening test to the Principal or Principal's designee as per the Reitz Memorial High School Drug, Alcohol, and Tobacco Use and Testing Policy.

REGISTRATION INFORMATION (PLEASE PRINT)

STUDENT NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
CITY STATE ZIP

CELL/HOME PHONE: (____) _____ - _____ STUDENT DATE OF BIRTH: ____/____/____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE (if under 18)

DATE