

City of Little Rock

Informed Consent and Release of Liability

DOCUMENT FOR USE WITH DRUG OR ALCOHOL TESTING

Informed Consent and Release of Liability

I UNDERSTAND that according to the City of Little Rock's Drug and Alcohol Policy, which I have read and understand, I may be required to undergo testing procedures, including, but not limited to, urine, saliva or blood analysis, or breath testing.

THE PURPOSE of this testing is to determine the absence or presence of drugs or alcohol.

I CONSENT freely and voluntarily to any such drug and alcohol testing that the City conducts pursuant to its Drug and Alcohol Testing Policy. I hereby release and hold harmless the City of Little Rock and its employees and agents from any liability whatsoever arising from its drug testing program.

I UNDERSTAND a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

I UNDERSTAND that I must remain inside of testing facility until all testing has been completed. Failure to remain within the facility will result in a positive test.

I UNDERSTAND that if my alcohol results are positive or if I am considered impaired, I will not be able drive and travel arrangements must be made.

I UNDERSTAND that refusal to submit to any required test without a valid medical explanation may result in being subject to disciplinary action up to and including termination of employment. Refusal to execute any required consent forms, refusal to cooperate regarding the collection of samples, or submission or attempted submission of an adulterated or substituted urine sample shall be deemed refusal to submit to a required test.

Applicant/Employee (Print name)

Department

Signature

Date

Badge Number

Supervisor (Print name)

Department

Signature

Date

Badge Number