



**STUDENT CHEMICAL IMPAIRMENT  
REQUEST FOR DRUG TESTING AND CONSENT FORM**

CONSENT FOR A 'FOR CAUSE', RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT. BY SIGNING BELOW I HEREBY VERIFY THAT I UNDERSTAND BAKER COLLEGE IS REQUESTING A 'FOR CAUSE' DRUG TESTING AS A RESULT OF AN INCIDENT RELATED TO SUSPECTED CHEMICAL IMPAIRMENT.

I hereby CONSENT to allow \_\_\_\_\_ (Laboratory collection facility name) to take a specimen of my urine and submit it for a 'for cause', random, or reasonable suspicion drug screen. I FURTHER CONSENT to all the laboratory testing service to make the results of such screen available to **BAKER COLLEGE** and its representatives.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against **BAKER COLLEGE**, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made available, and I hereby agree to INDEMNIFY and SAVE HARMLESS **BAKER COLLEGE**, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Social Security Number

Current medications

Prescriptions and non-prescription

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_