



# CROSSROADS CHRISTIAN SCHOOL

## Consent to Drug Testing

### Staff Form

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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