



Community Physicians

Workforce Health Occupational Health Services Consent and Release

Name: _____

Street Address: _____

City, State & Zip Code: _____

Home Telephone: _____

Work Telephone: _____

Date of Birth: _____

Employer/School: _____

Position/Job/Student: _____

I, the undersigned, do hereby consent to undergo a medical evaluation, which may include: a physical examination, administering a vaccination, taking a blood or urine specimen, performing an x-ray, and other ancillary tests, which may be necessary to complete the evaluation. I also understand that this evaluation may include a drug and/or alcohol screening test, and I hereby consent to the collection of an appropriate sample from me for this purpose. I have had the opportunity to ask questions regarding the information requested.

I certify that my statements and answers are complete and true to the best of my knowledge. I hereby consent to and authorize Workforce Health/Froedtert Health to release the results of my medical evaluation, drug/alcohol screen, laboratory tests, immunization status and any other related information to the employer/school named above ("Employer/School").

I agree to hold harmless Froedtert Health, Inc. d/b/a Workforce Health from any liability or responsibility arising in whole or part, out of the collection of specimens, testing and use of the information from the testing in connection with the Employer/School's consideration.

Signature of Individual or Legal Guardian

Date

Relationship to Individual (if individual is a minor)

**RANDOM DRUG TESTING - CONSENT/RELEASE FORM
(DURATION OF HIGH SCHOOL CAREER)**

Graduation Year: _____ Date of Birth: _____

Student Last Name: _____ Student First Name: _____

Parent/Legal Guardian Name(s): _____

Address: _____ City: _____

Home No.: _____ Work No.: _____ Cell No.: _____

CONSENT TO PARTICIPATE AND RELEASE INFORMATION

I, _____, am the parent/legal guardian of _____ (name of student), and I consent to my child's participation in the *Random Drug Testing for High School Participants in Athletics, Co-Curricular Activities, and Students with Parking Permits Policy* (Random Drug Testing Program) within the Oak Creek/Franklin School District. I understand that as a condition of participation, my child will be subject to random drug testing pursuant to the Oak Creek/Franklin School District's Random Drug Testing Program.

We understand that the District will test for the presence of certain substances which may include, but is not limited to, alcohol, metabolites of nicotine, marijuana, opiates, cocaine, amphetamines, performance enhancers and phencyclidine (PCP). The District reserves the right to test for any other drug, as defined in Board Policy 443.1 and its Procedures, at the discretion of the School District Administration.

I consent to my child's participation in the Random Drug Testing Program pursuant to the terms of the District Policy. I also consent to the release of information concerning the results of the Random Drug Testing Program to Oak Creek/Franklin School District's personnel who hold a legitimate educational interest.

We understand that participation in the co-curricular program and/or holding a parking permit is a privilege and not a right and, therefore, a participant is subject to random testing under the District's Random Drug Testing Program. **This form will be enforced for the duration of the student's high school career in accordance with the terms of Policy 443.1, Random Drug Testing for High School Participants in Athletics, Co-Curricular Activities, and Students with Parking Permits.** Since my child has voluntarily elected to become a member of an Oak Creek High School athletic or co-curricular program and/or hold a parking permit at Oak Creek High School, we agree to the student's participation in the Random Drug Testing Program. We understand that this release form is valid for the duration of our child's enrollment at Oak Creek High School. We understand that we may revoke consent for participation in the Random Drug Testing Program at any time; however, such revocation will result in the student's loss of privileges to participate in the athletic, co-curricular, and/or parking permit programs. We have read and understand the Policy and statements above.

Signature of Parent(s)/Guardian(s)

Date

Signature of Student

Date