



KSB Corporate & Community Wellness

101 W. 2nd St., Suite 303

Dixon, IL 61021

ALCOHOL AND / OR DRUG TEST CONSENT FORM

STUDENT NAME: _____

DOB: _____

AUTHORIZATION: The undersigned does hereby authorize and direct to KSB Corporate & Community Wellness and/or KSB Clinic of Oregon, Oregon, Illinois 61061, (hereinafter "KSB"), to disclose and release to Oregon High School / Blackhawk Junior High School the results of alcohol, nicotine and/or drug testing performed upon me. I understand and recognize that KSB has no control over the information relating to said results once they are released to Oregon High School.

STUDENT

I consent to have a drug, alcohol, and nicotine test performed upon me by KSB.

Student Signature: _____ Date: _____

PARENT / GUARDIAN

I consent to a drug, alcohol, and nicotine test performed upon _____ by KSB.

Parent/Guardian Signature: _____ Date: _____

This is only a consent form and will not be accepted as the actual alcohol/drug test itself.