

# 12 for Life

## Student Drug Screen Consent Form

As part of the pre-employment physical examination required by Southwire Company and the 12-for-Life Program, I understand that a pre-employment drug screen is required. I understand that if the results indicate that I have engaged in illegal use of drugs which have not been prescribed by a qualified physician, I will be disqualified from employment. I understand that once employed by Southwire, the following actions will result in additional drug screenings.

1. Pre-employment
2. Random Drug Screenings
3. Reasonable Suspicion Drug Screenings
4. Post-accident Drug Screenings.

I, the undersigned, do hereby understand and acknowledge I must take and pass a drug screen to participate in 12-for-Life. I understand that if I take the pre-employment drug screening today \_\_\_\_\_ and test positive for illegal use of drugs which have not been prescribed by a qualified physician, I will not be allowed to reapply to the 12-for-Life program until I have completed a certified counseling program in drug/substance abuse. I must also provide documentation of completion of the drug/substance abuse counseling to 12-for-Life staff before I can reapply to the 12-for-Life program. I understand that the cost of the aforementioned counseling program will be paid by my parents/guardian and not paid by the school system and/or Southwire. I acknowledge that I have been provided with an opportunity to ask questions regarding the drug screening policy. I also understand that if I fail a drug test under this policy, my parents or legal guardian and my prospective school system will be informed of the positive drug test results.

**Student's Printed Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_