

Appendix C

University of Massachusetts Amherst
Elaine Marieb College of Nursing
CONSENT FOR DRUG TESTING

I certify by my signature below that I understand that I may be asked to participate in the BASICS drug education and testing program for students at the University of Massachusetts, Amherst. I recognize that I will be asked to provide urine samples for drug analysis, and I hereby consent to have samples of my urine collected and tested in accordance with CON policies. I agree to fully cooperate with the testing program. I acknowledge that scheduled and random testing may be requested consistent with the CON policy. I acknowledge that the UMASS drug-testing program is a 11-panel screening. I also agree to inform the Medical Review Officer of any requested information (including copies of prescriptions, letters from prescribing health care provider, etc.) that will enable him to make a fair and accurate determination of specimen status (positive or negative).

In accordance with the UMASS drug-testing protocol, I specifically authorize the Dean of the Elaine Marieb College of Nursing or designee to release all information and records relating to the testing of my urine samples to only appropriate individuals. Additionally, I specifically authorize the staff of the Student Psychological Services to verify my attendance/nonattendance at counseling sessions that may be mandated by the UMASS drug-testing protocol.

_____ Date: _____
Student Signature

Name (please print) _____

PARENT OR GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE:

Signature: _____

Date: _____