

STUDENT CONSENT TO DRUG AND ALCOHOL POLICIES AND TESTING

As an applicant or student in Delgado's School of Nursing or Allied Health programs, I understand that I will be required to undergo at my expense drug and alcohol testing by Delgado and by the health care provider(s) where I am assigned during my Delgado student training. I also agree to comply with the substance abuse policies of Delgado and of the Provider(s), including any prohibitions against being under the influence of illegal drugs; possessing, using, or distributing illegal drugs; or the abuse or unauthorized use of controlled substances.

I understand that a positive drug or alcohol test result, refusal to submit to such testing, or tampering with the administration or the results or samples of any drug and alcohol testing will make me ineligible to enter or continue in Delgado's program. I understand that within 72 hours of being made aware of a positive drug screen test result, I may request from the administrator of the program(s) a screening test on the second portion of the split sample at my expense, and that if the second test is negative the initial positive test result will not be acted upon. I understand that if I am a School of Nursing applicant or student, a positive final screen must be reported to the Louisiana State Board of Nursing ('LSBN'), and will render me ineligible to enroll or continue in Delgado's School of Nursing or Allied Health program(s).

I agree to undergo drug and/or alcohol testing and to comply with substance abuse required of participants in Delgado's programs. I consent to the release of any drug and/or alcohol test results to Delgado and/or to the Provider(s) for use in determining my eligibility to enroll or continue in the program(s).

I have carefully read, understand and agree with the terms of Delgado's Drug-Free College Policy and Student Judicial Code.

I have read and understand the contents of this Consent, and I have had an opportunity to ask any questions. I understand that if questions arise, I should direct my questions to the administrator of the Delgado program(s) in which I am enrolled.

By my signature below, I agree to the terms of this Consent. I understand that if I do not comply with any of the above requirements, I will not be eligible to enroll or continue in Delgado's program(s).

I agree that a reproduced copy of this signed consent form takes the place of the original.

Student's/Applicant's Name (print): _____

Student's/Applicant's Signature _____

Date: _____

Witnessed by _____ (Print name of Delgado representative)

Signature _____ Title _____ Date _____

This form will become a part of the student's file.