



CONSENT TO DRUG AND ALCOHOL POLICY

I, _____ (*intern*) acknowledge that I have received written notice of the CITY OF JACKSON Drug and Alcohol Policy and that I have reviewed that policy and agree to be bound by its terms.

As a condition of continued service with the CITY OF JACKSON, I understand that I must not use or be involved in illicit or inappropriate drugs or alcohol. I understand that this policy does not apply to medication taken by me as prescribed by a licensed physician.

I understand and agree that I will be required to submit to urinalysis testing for detection of prohibited substances as outlined in the CITY's drug testing policy. By my signature below, I agree and consent to the testing outlined in the policy. I understand that my refusal to consent to testing when requested to do so will result in termination of my *internship*. I also understand and agree that I may be tested in accordance with the other procedures outlined in the CITY's policy, including reasonable cause suspicion, random testing, and follow-up/return to duty testing.

My signature below indicates my understanding of the CITY OF JACKSON Drug and Alcohol Policy and of what is expected of me. My signature also evidences my consent to be tested and my authorization to release to any collection site personnel, medical review officer, breath alcohol technician, laboratory or CITY representative the information necessary to comply with this policy.

DATE: _____

PRINT: _____

SIGNATURE: _____