

**POARCH BAND OF CREEK INDIANS
CONSENT TO ON-SITE DRUG SCREEN**

Name: _____

Tribally Sponsored Program(s): _____

I, the undersigned, consent to initial, random, and reasonable suspicion on-site drug and alcohol screens between January 1, 2020 and December 31, 2020. I understand that refusal to submit to testing will be deemed a violation of The Poarch Band of Creek Indians Tribally Sponsored Program's Drug and Alcohol Testing Policy. I also understand the results of this drug screen will be shared with all tribally sponsored programs and may affect my eligibility to participate in said programs.

If Participant is a minor under the age of 19, Participant consents to the results of any drug and alcohol testing being disclosed to the Guardian listed below.

Accepted and Agreed:

Name _____ Date _____
(Print)

Signature _____ Date _____

If minor child:

Name of Guardian: _____ Date _____

Signature of Guardian: _____ Date _____
(Signature of Guardian if under 19 years of age)

(OFFICE USE)

Collection Date/Time: _____ Collector Signature: _____

Collection Date/Time: _____ Collector Signature: _____

Collection Date/Time: _____ Collector Signature: _____

Collection Date/Time: _____ Collector Signature: _____