

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 routine drug screen test may be conducted. 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, the undersigned, do hereby understand and acknowledge that I must take and pass a drug screen to participate in 12-for-Life. I acknowledge that I have been provided with an opportunity to ask questions regarding this policy. Should I fail a drug test under this policy, I authorize my parents or legal guardian and my perspective school system, to be informed of the positive test results.

Student's Printed Name: _____

Student's Signature: _____

Date: _____

Witness: _____