



**DRAKE UNIVERSITY
COLLEGE OF PHARMACY & HEALTH SCIENCES
DRUG TESTING CONSENT, AUTHORIZATION, RELEASE,
INDEMNITY AND HOLD HARMLESS AGREEMENT**

In consideration of the opportunity to be considered for participation in experiential training in connection with the program of study at the Drake University College of Pharmacy & Health Sciences, I hereby voluntarily agree to the terms of this Consent, Authorization, Release, Indemnity and Hold Harmless Agreement.

So long as I am a student in the Drake University College of Pharmacy & Health Sciences, I give my consent, with or without prior notice to me, to have samples of my urine collected and tested for the presence of certain drugs and substances as listed on Appendix A hereto.

I understand that all urine samples will be sent to a certified, independent laboratory for testing and that the results will be reported to the Dean, Associate Dean for Academic and Student Affairs, the Director of the Pharmacy Experiential Program and any experiential site that I am or could be placed at. I have the right to be informed of all positive results. I understand that positive results may also be reported to the Dean of Students of Drake University.

I understand that positive results may be cause for mandatory chemical dependency evaluation and treatment and/or sanctions, including expulsion from the College of Pharmacy & Health Sciences and/or Drake University.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, forever discharge and agree to defend, indemnify and hold harmless Drake University and its employees, agents, officers, trustees and representatives from and against any and all liability whatsoever (including all liability arising directly or indirectly from the negligence of Drake University or its employees, agents, officers, trustees or representatives) for any and all damages, losses or injuries which arise out of, result from, occur during or are in any way connected, directly or indirectly, with drug testing, including, but not limited to, the reporting of the results thereof.

I understand that a photocopy of this Consent, Authorization, Release, Indemnity and Hold Harmless Agreement will be accepted with the same authority as the original.

Signature of Student

Date

Print Full Name

APPENDIX A

Drug Screen: 10 Panel

THC (Cannabinoids)

Amphetamines

Cocaine

Opiates

Phencyclidine

Barbiturates

Benzodiazepines

Propoxyphene

Methadone

Methaqualone