

**NEOSHO COUNTY COMMUNITY COLLEGE
MARY GRIMES SCHOOL OF NURSING**

Substance/Alcohol Screening Agreement Release Form

I have received and have read a copy of the Substance Use and Screening Policy. In consideration of being allowed to apply for admission to the Mary Grimes School of Nursing, I agree and consent to the following:

At my sole expense, laboratory screening for "substances" which may include but is not limited to:
Controlled substances
Illegal substances
Alcohol

I may be screened for "substances" using laboratory screening of my saliva, urine, blood, or other testing methodology.

If I test positive for any prescription controlled substance that has not been legally prescribed to me, any illegal substances, and/or alcohol:

1. Program Status
 - (a) If prior to admission, I will not be admitted to the program.
 - (b) If upon or after admission, I will be dismissed from the program.
2. I will be provided with contact information for substance use/alcohol rehabilitation resources. Resources may be found at:
<https://www.neosho.edu/Portals/0/Departments/nursing/files/Area%20Student%20Health%20Resources.pdf>
3. I will be provided with information regarding admission/reinstatement eligibility requirements.
4. The Director of Nursing or designee will, if required by law, or if Neosho County Community College officials deems it appropriate, notify: (a) government agencies with jurisdiction over drug and alcohol issues (e.g., police, FDA, DEA); and (b) if applicable, any professional licensing boards.

NCCC Mary Grimes School of Nursing shall rely upon screening test results for purposes of administering its Substance Use and Screening Policy. Disputes concerning the accuracy or completeness of any information in a test result report shall be between the undersigned student and Verified Credentials, and shall not be the subject of NCCC grievance procedures or policies.

To this end, *I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company and any other person or entity to furnish any background information about me to NCCC Mary Grimes School of Nursing. I agree that a facsimile, electronic or photographic copy of this authorization shall be as valid as its original.

*I hereby waive and release, indemnify, and hold harmless ** Neosho County Community College from all actions, claims, or demands I may have, now or in the future, arising from, connected with, or caused by any drug (substance/alcohol) screen, test, background check, or reporting of the same that relates to my application to, admission to, or participation in the Mary Grimes School Of Nursing.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature Date

Signature

Print Name

* I, my heirs, distributees, guardians, legal representatives, subrogees, or assigns.

** NCCC, its agents, servants, employees, volunteers, faculty, staff, students, contractors, laboratories, insurers, Board of Trustees and its members.

Adopted: 12/2016 bar

Reviewed: 042718 MGSN 04302021 MGSON 04292022 MGSN

Revised: 03/09/17 bkr; 0432020 MGSON