



**ST STITHIANS COLLEGE  
DRUG AND ALCOHOL TESTING POLICY  
CONSENT FORM: LEARNER**

1. I hereby declare that I am over 12 years of age.
2. I have read and understand the contents of the College Substance Abuse and Search and Seizure policies ("the Policies") and hereby agree to be bound by the contents of the Policies.
3. In particular, I authorize the College to conduct a urine or other non-invasive test to test for alcohol and/or drug use, and to search my body and property on reasonable suspicion of drug or alcohol use or possession, as articulated in the Policies.
4. I understand why these searches and tests are necessary, and I fully appreciate what the procedure involved will be and what the consequences of either a positive test or a search and seizure are, and do hereby freely give my consent.
5. I acknowledge that it is my duty to disclose to the College any medicine that I may have taken that may affect the outcome of the test. I will provide the College with a doctor's certificate after any such test, as soon as is reasonably possible, which states precisely what the nature of such medication is.
6. I understand that this form remains in effect until matriculation and/or withdrawal from the College.

Learner's Name \_\_\_\_\_

Learner's Signature \_\_\_\_\_

Date \_\_\_\_\_