



Consent For Drug /Alcohol Testing & Release of Liability
Consent for Drug /Alcohol Testing on a MINOR & Release of Liability

This is to certify that I, _____
Print Name

Have voluntarily come to the Alliance Occupational Medicine Center to provide one or more of the following: urine sample(s), blood sample, breath sample(s), blood sample, breath sample(s) for purposes solely to determine whether I am presently under the influence of alcohol and/or illegal or controlled substance.

I release Alliance Occupational Medicine aka Alliance Medical Corporation, hereinafter called AOM its predecessors, successors, subsidiaries, past and present officers, directors, agents employees and assigns form any and all claims, responsibilities and matters relating my voluntarily submitting to drug and/or alcohol testing. Specifically I agree and understand that AOM shall not be responsible in any way for any consequences resulting from said drug and/or alcohol testing and I fully release AOM from any and all claims and demands whatsoever which might arise, grow out of , or be incidental to such drug and/or alcohol testing.

AND FURTHER,

I give my consent to release to: (Company Name)

or its designated agents the results(s) of any testing performed by AOM, its designated clinical laboratories or the designated clinical laboratories of the above said company.

I hereby certify that I have read the above Consent for Drug and /or Alcohol testing and Release of Liability and fully agree to understand the contents thereof.

Signature

Date

Print Name

Social Security Number

Parent/Guardian Signature

Parent/Guardian Printed Name

Date