IB-Tech Internship Program



Drug Testing Waiver Form (PARENT OR LEGAL GUARDIAN)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(parent or legal guardian) understand that drug testing is considered apart of the pre-employment process for IB-Tech and minor child or dependent to voluntarily participate in our pre-employment drug testing requirements I must waive those rights.

I understand that I can revoke this consent waiver in writing at any time prior to the time that their urine is submitted for testing.

IB-Tech will maintain the results of the pre-employment drug test administered. Negative and/ or positive test results will be reported to the Human Resources Department at IB-Tech and to Pioneer Career and Technology Center administration to begin the Internship Program.

I understand the above conditions and hereby agree to comply with them. I, hereby, give full consent for my minor child or dependent to undergo a drug test as a condition of employment with the IB-Tech.

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Print Name (Parent or Legal Guardian) Signature and date