**Lakeview College of Nursing Drug Policy**

**Student Drug Test Notification Form**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notification Date:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notification Time:  \_\_\_\_\_\_\_  am/pm

Student Notified by (check one):

[ ] in person notification

[ ] direct phone contact

Lakeview College of Nursing Representative providing notice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the above date and time, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Lakeview Representative’s Name] notified the above student to appear for drug testing pursuant to the Lakeview College of Nursing Drug Policy. I instructed the student to report to the following testing site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date] at \_\_\_\_\_\_\_ [time] to complete the drug test.

[ ] I instructed the student to bring a driver’s license or Lakeview College of Nursing photo ID badge to the testing site.

[ ] I admonished the student that failure to appear at the site on the designated date by the designated time may constitute a violation of the Lakeview College of Nursing Drug Policy and will result the application of sanctions as though the student had received a positive drug test.

[ ] I admonished the student that pursuant to the Lakeview College of Nursing Drug Policy the student shall prepare a list of all medications the student is currently taking and provide it, along with valid prescriptions for all prescription drugs, to the drug test provider at the time of the test.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Lakeview Representative Signature Date

I acknowledge that the above statements regarding my notification to appear for drug testing pursuant to the Lakeview College of Nursing Drug Policy are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Student Signature  Date