

Suwannee River Area Council  
Boy Scouts of America

**DRUG TESTING CONSENT FORM**

I will be contracted with the Suwannee River Area Council, Boy Scouts of America in a position that requires me to perform various duties as assigned by the camp director. As a condition of my contract, I understand that I may be asked to take a drug test at any time, and if my test results are positive, my contract with the Suwannee River Area Council will be terminated.

I hereby authorize any physician, laboratory, hospital medical professional, or the camp director retained by the Suwannee River Area Council, Boy Scouts of America, to conduct a drug testing at any time and authorizes the above to analyze the test results. I release the Suwannee River Area Council, Boy Scouts of America and any person affiliated with it and any such institution or person conducting the screening, from liability therefore.

Applicants Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

(If applicant is under 18 years of age, complete the rest of this form)

Parent/ Guardian Name \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_