

WEST DEPTFORD SCHOOL DISTRICT

RANDOM ALCOHOL AND DRUG TESTING PROGRAM STUDENT CONSENT TO TEST FORM

I acknowledge that I have reviewed a copy of Policy 5536 and the “Administrative Procedures for the Alcohol and Drug Testing and Random Alcohol and Drug Testing Policy for Students” online or have requested a hard copy from the High School main office. I have read and understand the purposes, requirements and consequences of the Testing Program as described in those documents.

I authorize the West Deptford School District to conduct testing which will be provided on-site to test for alcohol and/or drugs if my identification number is randomly selected from the testing pool. I authorize the release of the information concerning the results of such tests to designated District personnel.

I acknowledge that the Medical Review Officer will contact the student and the student’s parent(s)/guardian(s) if the test is positive. The purpose of this contact with the Medical Review Officer is to determine if there is an acceptable reason for the positive test result, in which case the test will be considered negative.

I understand that this Form remains in effect until the submission of an Activity Drop Form, graduation, withdrawal from the School District or until the next calendar year.

Student Name (print) Grade

Student ID#

Student Signature

Date

Parent/Guardian Name (print)

Work Telephone

Parent/Guardian Signature

Date

Home Telephone

Mobile Telephone

It is understood that by checking one or more of the following categories, the student will be immediately placed into the Random Drug Testing Pool.

I plan to participate in one or more of the following:

_____ Athletic Program

_____ Extracurricular Activity

_____ On-campus Parking

_____ I am volunteering to have my child placed in the testing pool.