

**Green Valley HS**  
Random Student Drug Testing  
Parent Option Permit

I give permission for my son/daughter \_\_\_\_\_,  
student # \_\_\_\_\_ to be a part of the Random Student Drug Testing program  
for the current school year.

I understand that if my son/daughter is selected for drug testing, the parent/guardian  
will be notified by phone and by mail. Should a student have a positive test result,  
the parent/guardian will be contacted directly by the testing agency and a school  
administrator will also contact the parent/guardian.

I also understand there is a \$10.00 fee, per student, to participate in the program and  
that selection for testing is random. Please include fee when form is returned to the  
school bank.

Print Parent Name	Club/Organization
Parent Signature	Date
Student Signature	Grade

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Office Use Only

Cash \_\_\_\_\_

Money Order # \_\_\_\_\_

Date \_\_\_\_\_