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 ___________

Office Use Only

☐ Cash _____________

☐ Money Order # _____________

Date ____________________

White – Athletic Office
Yellow-Parent