



Delaware Valley Regional High School

CONSENT TO PARTICIPATE IN RANDOM TESTING FOR STUDENT ALCOHOL OR OTHER DRUG USE PROGRAM ("CONSENT FORM")

Student Name (Please Print) _____ Student ID# _____

We hereby consent to permit the above named student to participate in the **Random Testing for Student Alcohol or Other Drug Use Program** as approved by the Delaware Valley Regional High School District. In issuing consent, we permit the above named student to undergo random urinalysis testing for the presence of alcohol or other drugs as outlined in district policy.

We understand that urine specimens will be collected on-site at the Delaware Valley Regional High School by a person certified and authorized by law to collect specimens for alcohol and other drug testing.

We understand that urine specimens will be sent only to a certified laboratory for testing and that the samples will be coded to provide confidentiality. The student ID number will be used for laboratory identification.

We understand that any test results certified as positive by the laboratory, will be reported immediately to the Medical Review Officer, a licensed physician trained and responsible for making the final determination regarding test results. We therefore give permission to the certified testing laboratory selected by the Delaware Valley Regional High School District to release all results of these tests to the Medical Review Officer. We understand these results will be forwarded to the Building Principal, or his/her designee, in accordance with Board policy, and will also be made available to us.

We further give permission for the Delaware Valley Regional High School District to release the individual student's name, parents'/guardians' names, and phone numbers to the Medical Review Officer, which will be used by the MRO to notify parents regarding all positive drug and alcohol tests. The MRO will receive this information only if the laboratory test results are positive.

We understand that the District randomly selects a minimum of ten percent (10%) of all eligible students each time that testing occurs from September 1 through the last day of the school year. Therefore, even if the student is selected for random testing, the student may again be randomly drug and alcohol tested during the remainder of the year.

We understand that this consent agreement will be in effect until an Activity/Parking Withdrawal Form is completed, or until the student graduates or withdraws from Delaware Valley Regional High School. We understand that filing an Activity/Parking Withdrawal Form shall prohibit the student from rejoining any extra-curricular activities (including athletics) from which the student has withdrawn or reacquiring a valid parking permit for a period of one (1) calendar year following the withdrawal, absent exceptional circumstances as determined by the Principal or his/her designee.

We hereby acknowledge receipt of Board of Education Policy and Regulation 5536, "Random Testing for Student Alcohol or Other Drug Use," and agree to accept and abide by the standards, rules, and regulations set forth by the Delaware Valley Regional High School District Board of Education and sponsors for the activities in which the student participates.

Parent Signature: _____ Date: _____

Parent/Guardian Name: _____ Relation to Student: _____

Home Phone: _____ Mobile: _____ Work: _____

Student Signature: _____ Date: _____

Check all that apply.

- I plan to participate in the following sport: _____
- I plan to participate in the following club and/or activity: _____
- I hold a valid DVRHS parking permit. Permit number: _____
- I am volunteering to be placed in the random student drug and alcohol testing pool.