

(SCHOOL LETTER HEAD)



RANDOM DRUG TESTING CONSENT FORM

As an enrolled student/parent of Simulated Workplace – Career and Technical Education, I understand that the use of drugs, alcohol and other controlled substances in the workplace creates a safety concern for all students and employees. In the interest of creating a safe learning environment, I hereby give my consent for **(SCHOOL NAME)** to conduct random drug tests it considers necessary as outlined in the **(COUNTY NAME)** Random Drug Testing Policy and I understand that these tests are required for enrollment in all Simulated Workplace settings.

I fully understand that as a Simulated Workplace student/parent, I/my child will be subject to the **(COUNTY NAME)** Random Drug Testing Policy. A copy of this policy has been made available for review, and I hereby acknowledge that I thoroughly understand its terms and provisions.

My signature hereon serves as student/parental consent:

- a) For me/my child to undergo random drug testing and to submit a urine sample for that purpose;
- b) For me/my child to be randomly drug tested in accordance with the terms of the **(COUNTY NAME)** policy;
- c) For **(SCHOOL NAME)** to submit my child’s urine sample for testing for drugs/alcohol prohibited by its policy; and
- d) For the **(SCHOOL NAME)** to obtain the results of my child’s drug/alcohol test from a certified laboratory for use in accordance with the **(COUNTY NAME)** Random Drug Testing Policy.

I release **(NAME OF DRUG TESTING COMPANY)**, **(SCHOOL NAME)**, and **(COUNTY NAME)** from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

Employee (Minor) Name (Print)

Date

Employee (Minor) Signature

Parent / Guardian Name (Print)

Date

Parent / Guardian Signature

*Non-Discrimination: The **(Name of Recipient)** does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:*

Name and/or Title:
Address:
Telephone No:

