

APPENDIX A

DRUG, ALCOHOL, AND TOBACCO TESTING PROGRAM
CONSENT FORM

I have received and have read and understand a copy of the "Frankton-Lapel Community Schools Drug, Alcohol, and Tobacco Education and Testing Program." I,

Student's Name

desire to participate in this program and in the athletic programs, driver education program, or am requesting parking privileges of Frankton-Lapel Community Schools and do hereby, voluntarily agree to be subject to its terms. I accept the method of obtaining urine samples, testing, and analyses of such specimen, and all other aspects of this program. I, the student, agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for in this program. This consent is given pursuant to all state and federal privacy statutes, and is a waiver of rights to nondisclosure to such test records and results only to the extent of the disclosures authorized in the program.

Date _____

Student Signature

**Custodial Parent or Guardian Signature

** The parent or guardian must sign if the student is less than eighteen (18) years of age. Signature by Custodial Parent or Guardian indicates consent for child or ward to participate in Drug, Alcohol, and Tobacco Testing Program.