



Consent for Substance Abuse Testing and Release of Information/Results

PRINT Student Name

Name of School District

Student Date of Birth

Name of School

Substance Abuse Testing For: Drugs Drugs & Alcohol

I hereby consent and voluntarily agree to submit to or have my child/ward submit to substance abuse testing. I understand that substance abuse testing is at the request and/or of the School District and/or is a requirement of the School District for participation in extracurricular activities.

I understand the School District has requested Copley Memorial Hospital to collect a freshly voided urine specimen for the testing by a certified Substance Abuse Mental Health Services Administration (SAMHSA) laboratory. I hereby consent and agree to the procedures required for testing.

I understand I should contact the School District- Administration or consult the School District's Student Handbook if I have any questions concerning the need for the substance abuse testing, or how results of testing may be used by the School District.

I hereby agree to the release of all testing information and the test results to the School District's and to the parent/legal guardian who signs the consent.

This consent shall remain valid one year from the date signed unless revoked, by me (if 18 or older) or my parent/legal guardian in writing, to the School District's Administration Office and/or the Designated School District Representative.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Print Name Parent/Legal Guardian

Mailing Address

City

State

Zip

Parent/ Legal Guardian Phone Number

Phone Number