

Drug Testing Consent Forms

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING
VOLUNTARY PARTICIPANTS**

The undersigned student and the student’s parent or legal guardian hereby acknowledge that they have read and understand the foregoing policy and agree to be bound by the terms and conditions contained in the policy including participation in related surveys.

The undersigned understand their participation is completely voluntary.

The undersigned hereby permit the Healthcare Professionals/Lab selected by the Mercer County School District to perform drug testing of the students’ urine and release the results to the principal of the school and permit the Principal to release drug testing results, which are positive, to the student’s parents and/or legal guardians.

Any refusal shall be treated as a violation and will be reported to the students’ parent, but no discipline may occur through this policy.

Print Student Name

Print Parent/Guardian Name

Student Signature

Parent/Guardian Signature

Date Signed

Review/Revised:4/16/2015