



KINGSWAY REGIONAL SCHOOL DISTRICT

Committed to Excellence

Dr. James J. Lavender, ext. 4205
Superintendent of Schools

Mr. Jason Schimpf, ext. 4203
School Business Administrator

KINGSWAY VOLUNTARY STUDENT ALCOHOL & DRUG TESTING CONSENT

Student Name (Please Print) _____ **Grade** _____

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

We understand that a qualified vendor will oversee the collection process.

We understand that any urine samples will be sent only to a certified laboratory for testing and that the samples will be coded to provide confidentiality.

We hereby give consent to the vendor selected by the Kingsway Regional School District to perform urinalysis testing for the presence of alcohol or other drugs as named in district policy.

We further give permission to the vendor selected by the Kingsway Regional School District to release all results of these tests to the Medical Review Officer working for the vendor. We understand these results will be forwarded to the Superintendent and will also be made available to us.

We understand that this consent agreement will be in effect for a period of twelve months from the date listed below.

We understand that if student refuses to test, or who is determined to have tampered with a sample, will be deemed to have a positive test result and will be subject to the appropriate provisions of a positive test result

We understand that if student who is randomly selected to be tested, but is absent on the day of testing, will have a sample collected on the next random testing date

We understand that the urinalysis conducted will include the following substances and be based on the following levels.

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Home of the Dragons

Substance	Screen/Initial Level	Confirmation Level
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/ml
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITE	20 ng/ml	15 ng/ml
OPIATES	300 ng/ml	300 ng/ml
PCP	25 ng/ml	25 ng/ml
BARBITURATES	300 ng/ml	300 ng/ml
BENZODIAZEPINES	300 ng/ml	300 ng/ml
METHADONE	300 ng/ml	300 ng/ml
PROPOXYPHENE	300 ng/ml	300 ng/ml
OXYCODINE/OXYMORPHONE	100 ng/ml	100 ng/ml
ALCOHOL, URINE	0.02 ng/ml	0.02 ng/ml

THIS CONSENT SHALL BE EFFECTIVE AS LONG AS THE CHILD IS ENROLLED AT THE KINGSWAY REGIONAL SCHOOL DISTRICT, OR UNTIL WRITTEN NOTICE OF REVOCATION OF THIS CONSENT IS GIVEN TO THE SUPERINTENDENT OF SCHOOLS.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

