

**LAMPETER-STRASBURG SCHOOL DISTRICT**  
Lampeter, Pennsylvania 17537

**CONSENT TO MANDATORY RANDOM TESTING OF URINE SAMPLES AND  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby acknowledge that I have received a copy of the Lampeter-Strasburg School District Drug Screening Policy. I further acknowledge that I have read the Policy and that I fully understand the provisions of the drug testing program and agree to comply with the terms and conditions set forth in the Policy.

I hereby consent and authorize the School District to collect a urine sample from my student and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the Policy. I further authorize the School District to release confidential information related to the drug screening to the approved contractor, school principal, District superintendent or designee, athletic director, the head coach, director or club sponsor/advisor of any interscholastic sport or club in which my student participates and/or members of the Student Assistance Program, all information and records, including without limitation the results of the drug screening or testing of my student's urine in accordance with the Policy. To the extent set forth in this Consent, I waive any privilege with regard to such information.

I hereby acknowledge that this Consent shall remain valid unless and until I notify the School District in writing of my desire to remove my student from the School District's drug testing program.

I hereby release and discharge, for myself and my student, the School District and its directors, officers, employees and agents from and of all claims, rights, expenses, debts, demands, costs, contracts, liability, obligations, actions, and causes of action of every nature, known or unknown, whether in law or equity, which I or my student had, now has, or may have which is in any way connected with, or arises out of the drug screening process or the Policy.

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Building

\_\_\_\_\_  
Extracurricular/Co-curricular Activity

**LAMPETER-STRASBURG SCHOOL DISTRICT**  
Lampeter, Pennsylvania 17537

**CONSENT TO VOLUNTARY RANDOM TESTING OF URINE SAMPLES AND  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby acknowledge that I have received a copy of the Lampeter-Strasburg School District Drug Screening Policy. I further acknowledge that I have read the Policy and that I fully understand the provisions of the drug testing program and agree to voluntarily comply with the terms and conditions set forth in the Policy.

I hereby consent and authorize the School District to collect a urine sample from my student and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the Policy. I further authorize the School District to release confidential information related to the drug screening to the approved contractor, school principal, district superintendent or designee and/or members of the Student Assistance Program, all information and records, including without limitation the results of the drug screening or testing of my student's urine in accordance with the Policy. To the extent set forth in this Consent, I waive any privilege with regard to such information.

I hereby acknowledge that this voluntary Consent shall remain valid unless and until I notify the School District in writing of my desire to remove my student from the School District's drug testing program.

I hereby release and discharge, for myself and my student, the School District and its directors, officers, employees and agents from and of all claims, rights, expenses, debts, demands, costs, contracts, liability, obligations, actions, and causes of action of every nature, known or unknown, whether in law or equity, which I or my student had, now has, or may have which is in any way connected with, or arises out of the voluntary drug screening process or the Policy.

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Building