LACEY TOWNSHIP HIGH SCHOOL
A Tradition Of Pride · A Tradition Of Excellence

JASON KING
PRINCIPAL

Consent to Participate in Random Testing for Student Alcohol or Other Drug Use Program

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

We hereby consent to permit the above named student to participate in the **Random Testing for Student Alcohol or Other Drug Use Program** as approved by the Lacey Township School District. In issuing consent, we permit the student above named to undergo random 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 Lacey Township 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 Lacey Township 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 Building Principal 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 the urinalysis conducted will include the following substances and be based on the following levels:

Substance	*Screen/Initial Level*	*Confirmation Level*
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/nl
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITES	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
OXYCODONE/OXYMORPHONE	100 ng/ml	100 ng/ml
ALCOHOL, URINE	0.02 ng/ml	0.02 ng/ml

STUDENT SIGNATURE:_____DATE:_____

PARENT SIGNATURE: _____DATE:_____

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