

## VOLUNTARY DRUG TESTING CONSENT

This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosure of the program.

- I/we have reviewed the Pinckneyville High School District #101 Voluntary Drug-Testing Policy in the Student Handbook.
- I/we desire that \_\_\_\_\_ (student) be permitted to participate in the drug-testing program as a voluntary participant and hereby agree to the terms of the program.
- I/we further accept the method of obtaining urine sample, testing of such specimen, and all other aspects of the program as explained in the policy.
- I/we agree that the above named student will cooperate in furnishing urine specimens whenever requested within the specifications of this policy.

This consent form will be in effect for the duration of the student's enrollment at Pinckneyville High School District #101, unless a signed and dated letter withdrawing consent is on file.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent-Guardian Signature

\_\_\_\_\_  
Date