

High School Students / Parents only.

DRUG, ALCOHOL, AND TOBACCO TESTING PROGRAM

I have received and read and understand a copy of the Lakeland High School Corporation Random Drug Testing Policy and the code of conduct expectations. Access the Random Drug Testing Policy and code of conduct from the Lakeland High School website www.lakeland.k12.in.us under the heading of LHS Student Handbook.

I, _____, desire to participate in this program, as well as the athletic program, co-curricular program, and/or drive to school. I hereby voluntarily agree to be subject to all of its terms, I accept the method of obtaining urine samples, testing, and analyses of such specimen, and all other aspects of this program. I, the student, agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results provided for in this program. This consent is given pursuant to all state and federal privacy statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of disclosures authorized in the program.

Date: _____ Parent / Guardian Initials: _____

Date: _____ Student Initials: _____