



MID-PACIFIC INSTITUTE

Voluntary Random Drug Testing Program Form

2008-2009

REGARDLESS OF YOUR CHOICE TO GIVE CONSENT OR DECLINE TO HAVE YOUR CHILD PARTICIPATE IN THE VOLUNTARY RANDOM DRUG TESTING PROGRAM AT MID-PACIFIC INSTITUTE, **THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENT/GUARDIAN AND STUDENT.**

Please indicate your decision to have your child participate (YES) or not participate (NO) in the Voluntary Random Drug Testing Program at Mid-Pacific Institute.

CIRCLE YOUR CHOICE:

YES

NO

By circling YES, we hereby authorize Diagnostic Laboratory Services, Inc. to collect a urine specimen from my child for drug testing. By circling NO, the card will be filed for record-keeping purposes only. We understand the drug screen will be private (see attached) and provided free of charge during the 2008-2009 school year.

Student Name (Print)

Student Signature

Date

Grade

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Home Street Address

City

Zip

Parent/guardian phone: Home _____ Work _____ Cell _____