



MID-PACIFIC INSTITUTE

Voluntary Random Drug Testing Program Form (VRDT) 2009-2010

REGARDLESS OF YOUR CHOICE TO GIVE CONSENT OR DECLINE TO HAVE YOUR CHILD PARTICIPATE IN THE VRDT PROGRAM AT MID-PACIFIC INSTITUTE, *THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENT/GUARDIAN AND STUDENT.*
RETURN TO DAMON HALL WITH YOUR REGISTRATION FORM FOR SCHOOL YEAR 2009-2010.

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, I hereby authorize Diagnostic Laboratory Services, Inc. to collect a urine specimen from my child for drug testing.

By circling NO, I understand that this form will be filed for record-keeping purposes only. I understand the drug screen will be private and provided free of charge during the 2009-2010 school year.

Student Name (Print)

Student Signature

Grade

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Home Street Address

City

Zip

Parent/guardian phone: Home _____ Work _____ Cell _____