Dear Parents:

**IMPORTANT REMINDER!**

- All parents must return the enclosed *Voluntary Random Drug Test form* with your child’s 2007-2008 school year registration form.

- Your child’s course registration will be processed upon receipt of all signed forms.

- Please note that parent and student MUST both sign this form, whether or not your family chooses to participate.

- Use the attached envelope for the *Voluntary Random Drug Test form only.*

Our second year of the *Voluntary Random Drug Testing Program* went smoothly and, we believe, very successfully. Faculty, staff, and students reported that classes were not interrupted, students did not lose much class time, and the climate was supportive and positive.

The goals of this program are to promote family communication about the risks and challenges of drugs and to empower our students to say, “NO”.

We hope you will join us this year to support our children in making wise choices and standing up to negative peer pressure. Just say, “YES” to our Voluntary Random Drug Testing Program.

For more information, please refer to our website [www.midpac.edu](http://www.midpac.edu) under Campus Life.

Sincerely,

Puanani Mills Ka’ai  
Middle School Principal

Richard J. Schaffer  
High School Principal
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, 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 2007-2008 school year.

Student Name (Print)          Student Signature          Date

Parent/Guardian Name (Print)  Parent/Guardian Signature Date

Home Street Address          City          Zip

Parent/guardian phone: Home Work Cell