
STUDENT RANDOM ALCOHOL AND OTHER DRUG TESTING
CONSENT TO ENTER RANDOM SELECTION POOL

I understand that my behavior as a student and the reputation of my school are dependent, in part, on my choices and conduct as an individual.

I agree to accept and abide by the standards, procedures and regulations set forth by the Lakeland Regional High School Board of Education in the Student Random Alcohol and Drug Testing Policy and Regulations 5131.62 and its Exhibits.

I consent to be part of the Random Alcohol and Drug Testing pool from which students will be selected randomly for testing, and I understand the sample will be taken onsite.

If I am selected, I authorize the Lakeland Regional High School District to conduct a test for alcohol and other drugs on any sample which I provide.

Pursuant to the procedures as detailed in the documents referenced above, I also authorize the release of information concerning the results of such tests to designated district personnel, conducted in accordance with Federal Confidentiality Regulations.

I understand this Consent remains in effect until the submission of an Activity Drop/Withdrawal Form or my graduation or withdrawal from the school district.

Student Name (printed): _____ Student ID# _____

Student Signature _____

Parent Name (printed): _____

Parent Signature: _____

Parent Home Phone: _____ Parent Work Phone: _____

Parent Cell Phone: _____

I plan to participate in: (fill in and/or check any that apply)

Fall sport: _____ Winter sport: _____ Spring sport: _____

Club 1: _____ Club 2: _____ Club 3: _____

please check:

_____ On-Campus Parking (seniors only)

_____ I am volunteering to be placed in the testing pool.

_____ I will be participating in the testing program as a result of a violation of the Alcohol and Other Drug Policy.

Received by: _____ Date: _____

DATE: May 1, 2007