VERNON TOWNSHIP BOARD OF EDUCATION
GLEN MEADOW MIDDLE SCHOOL

STUDENT RANDOM DRUG AND ALCOHOL CONSENT TEST FORM

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Vernon Township Board of Education and the sponsors for the activity in which I participate.

I authorize the Vernon Township Board of Education to conduct an Alcohol and Drug test on-site if my name is drawn from the random pool. Pursuant to the Student Random Alcohol and Drug Testing Policy, I authorize the following:

1. Vernon Township Board of Education to release specimens to the testing laboratory (ies).
2. Test Laboratory (ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Vernon Township Board of Education Student Assistance Counselor, RDT program coordinator, Administrator and/or Medical Inspector.*
4. Vernon Township Board of Education to release individual student name, parent's name and home-phone number to Medical Review Officer, MD regarding all positive drug test results.

I understand that I may also be randomly drug tested throughout the remainder of the year.
Signatures below indicate student participation in the program.

_____ _____ _____
Student Name (Please Print) *Year of Graduation* *Student ID Number*

_____
Student Signature *Date*

_____
Parent/Guardian Name (Please Print)

_____ /_____
Parent/Guardian Signature *Date*

Parent/Guardian Phone Numbers:

_____ _____ _____
Home *Work* *Cell*

***All results are kept strictly confidential and are released only to those individuals named above.**