

## SOUTH NEWTON HIGH SCHOOL DRUG TESTING CONSENT FORM

I, \_\_\_\_\_, have read the South Newton High School Random Drug Testing Policy and the Behavioral Component of the drug testing policy and agree to abide by the conditions set forth in the policy.

STUDENT SIGNATURE \_\_\_\_\_

GRADE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN ADDRESS \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER (day) \_\_\_\_\_  
(evening) \_\_\_\_\_

DATE \_\_\_\_\_

This consent form will be in effect for the duration of the student's enrollment in South Newton High School, unless a WITHDRAWAL OF CONSENT FORM is filed. The form with the later date will prevail.

Number \_\_\_\_\_

**SOUTH NEWTON HIGH SCHOOL DRUG TESTING  
WITHDRAWAL OF CONSENT FORM**

I, \_\_\_\_\_, withdraw my consent to be placed in the random drug testing pool. I understand that this withdrawal will prohibit me from participating in the activities/privileges as listed in the random drug testing policy for 365 days from the date of signature.

I also understand that this withdrawal of consent in no way exempts me from drug testing as outlined in the behavioral component of this policy.

STUDENT SIGNATURE

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_

DATE \_\_\_\_\_

## **SOUTH NEWTON HIGH SCHOOL DRUG RETEST FORM**

I understand that I will be financially responsible for a urinalysis retest on my son/daughter,

\_\_\_\_\_.

The retest procedure is outlined in the South Newton High School drug testing policy. This procedure will be strictly followed.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_