CONSENT STATEMENT FOR SOUTHERN ACADEMY DRUG POLICY

I, the undersigned hereby voluntarily consent to the taking of urine or hair samples to be used for drug testing. I also authorize and give full written permission to the clinic to give the results directly to school officials of Southern Academy.

I understand that a confirmed positive result of that testing or refusal to submit to testing will result in disciplinary action from Southern Academy. I agree to abide with the policies and procedures of Southern Academy Drug Policy as explained in the student handbook and I agree to hold Southern Academy harmless for any loss, claim or cause of action that I might have arising from or relating to any such drug testing,

* Random Testing – 18 names shall be pulled for each random test. The test shall be by urine sample. (THC, Cocaine, Mamp, Opiates, PCP and K2 spice)

Student's Signature_____
(all students, grades 7-12 may sign on this line)

Parents'/Guardians' Signature_____

Date _____

RETURN THIS FORM WITH ENROLLMENT FOR STUDENTS 7TH-12TH GRADE