

**Penn-Harris-Madison School Corporation
Drug Testing Program
Consent Form**

I have received, read and understand the policies within the Penn-Harris-Madison School Student Drug Testing Program.

I, _____ (print student name), desire to participate in this program and the extra-curricular program in the Penn-Harris-Madison School Corporation and hereby voluntarily agree to be subject to its terms. I further understand that participation is required of me if I wish to drive to school. I accept the method of obtaining samples by urine or oral fluids, testing and analysis of such a specimen and all other aspects of the drug-testing program. I agree to cooperate in furnishing a specimen that may be required from time to time. I understand that my refusal to provide a specimen will be treated as a positive test.

I further agree and consent to disclosure of the sampling, testing and results provided for in this program. This consent is given pursuant to all state and federal privacy statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

This is to certify that the undersigned have read, understand and agree to abide by the policies outlined within the Penn-Harris-Madison School Student Drug Testing Program and the Student Handbook.

Student Signature _____ Grade _____

Parent/Guardian (please print) _____

Parent/Guardian Signature _____ Date _____