



I acknowledge that I have received or read the TLCA Random Drug Testing Policy. I recognize and understand that I will be asked to provide a urine sample for drug analysis and could be randomly selected to provide another urine sample during the year. I consent to any such testing conducted as part of the charter school's drug testing policy. I have been given the right to ask questions about the drug testing policy, and I fully understand its provisions.

My Child does not take any prescription medication on a permanent basis.

My Child does take prescription medication on a permanent basis. Listed below are the prescription drug(s) and dosage(s) that my son/daughter takes.

Prescription Name _____ Dosage _____

Prescription Name _____ Dosage _____

Prescription Name _____ Dosage _____

Prescription Name _____ Dosage _____

Consent for Testing:

Participant Printed Name

DOB

Participant Signature

Date

Parent/Guardian Printed Name

Relationship

Parent/Guardian Signature

Date