



Hopewell Valley Central High School

Random Student Screening Consent Form

The Hopewell Valley Regional School District acknowledges its responsibility to provide the most conducive learning environment for all students and recognizes that, unless schools and their students are substance free, the best conditions for learning do not exist. School-based initiatives have proven particularly effective in recognizing and remediating students' development of alcohol or other drug issues, and the district will take the necessary and appropriate steps to protect the school community from harm and from exposure to harmful substances. In order to do this, the district has approved a random drug testing policy for students involved in extra-curricular programs, including all clubs and athletic programs, and those who participate in student parking. The purpose of this program is directed toward deterrence and remediation. The policy is not intended to be disciplinary or punitive in nature as indicated by existing court decisions as it relates to the loss of instructional time.

I understand fully that my performance as a participant in extra-curricular programs and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by Policy and Regulation 5538 approved by the Hopewell Valley Regional School District Board of Education and the sponsors for the activity(ies) in which I participate.

I authorize Hopewell Valley Central High School to conduct a Drug and Alcohol test on-site if my name is drawn from the random pool. This consent form will remain in effect unless an Activity Drop Form is completed. Pursuant to the Student Random Drug and Alcohol Policy, I authorize the following:

1. Hopewell Valley Central High School to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Office doctor(s).
3. Medical Review Office doctor(s) to release test results to Hopewell Valley Central High School – Student Assistance Counselor, Administration, and/or Medical Inspector.*
4. Hopewell Valley Central High School to release individual student name, parent name and home phone number to Medical Review Office doctor(s) regarding all positive drug test results.

_____	_____	_____
Print Student Name & ID Number	Student Signature	Date
_____	_____	_____
Print Parent Name	Parent Signature	Date
_____	_____	_____
Parent Home Phone	Parent Work Phone	Parent Cell Phone

___ I plan to participate in the following sport(s): _____

___ I plan to participate in the following student activity(ies): _____

___ I hold a valid CHS parking permit. Permit Number: _____

___ I am volunteering to be placed in the drug and alcohol testing pool.

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