

TAMAQUA AREA SCHOOL DISTRICT

CONSENT TO VOLUNTARY TESTING OF URINE SAMPLES AND

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby acknowledge that I have received a copy of the Tamaqua Area School District Drug Testing Policy. I further acknowledge that I have read the Policy and that I fully understand the provision of the drug testing program and agree to voluntarily comply with the terms and conditions set forth in the Policy.

I hereby consent and authorize the School District to collect a urine sample from my son/daughter and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the Policy. I further authorize the School District to release confidential information related to the drug testing to the approved contractor, school principal, district designee, Superintendent and/or members of the Student Assistance Program, all information and records, including without limitation the results of the drug testing of my son/daughter's urine in accordance with the Policy, to the extent set forth in this Consent, I waive any privilege with regards to such information.

I hereby acknowledge that this voluntary Consent shall remain valid unless and until I notify the Tamaqua Area School District, by completion of the proper forms, of my desire to remove my son/daughter from the school district's drug testing program.

I hereby release and discharge for myself and my son/daughter the School District and its directors, officers, employees, and agents from any and all claims, rights, expenses, debts, demands, costs, contracts, liability, obligations, actions, and causes of action of every nature, known or unknown, whether in law or equity, which I or my son/daughter had, now has, or may have which is in any way connected with, or arises out of, the drug testing process or this Policy.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date

Printed Student Name

Student Signature

Date