

**FLAT ROCK – HAWCREEK SCHOOL CORPORATION**

**RANDOM DRUG TESTING CONSENT FORM**

\_\_\_\_\_ (print student’s name) and we, his/her parent or guardian, understand that in order for the student to participate in any Flat Rock-Hawcreek Schools’ athletic, extra-curricular, and/or co-curricular programs and/or to be permitted to drive to school, the student must consent to be subject to participation in the FRHC Random Drug Testing Program, the terms by which apply for the semester the consent form is signed and, if still enrolled in school, for the following semester. By signing below, we recognize that we have read and understand the terms and conditions of the FRHC Random Drug Testing Policy (Hauser Student Handbook) and accept the method of obtaining, testing, and analyzing urine specimens and all other aspects of the program. We understand that the student must cooperate in furnishing urine specimens that may be required if randomly selected within two hours of the request, or, in special circumstances as determined by The West Group, within 24 hours at an approved facility.

Results of the test will be shared with appointed school personnel, the student, the family, and, if necessary, the FRHC personnel supervising the activities and the driving privileges affected.

We understand the Flat Rock-Hawcreek School Corporation’s Random Drug Testing Policy for the high school program requires that:

1. A consent form must be signed by both student and parent/guardian in order for the student to participate in athletic, co-curricular, and extra-curricular activities and/or to be a student driver.
2. A student will be part of the random drug testing procedure for the semester the consent form is signed and, if still enrolled in school, for the following semester.
3. A drug testing company, not a school official, conducts the random student selection, the actual specimen collection, the analysis of the test, and the communication of the test results. The only part the school has in the process is to furnish rosters of participating students in the testing pool, provide a facility for specimen collection, and make decisions regarding program participation in the case of positive results.
4. A student may be selected multiple times by the company’s computer program for random selection.
5. The testing will be done privately, with the door closed and with the testing company monitoring-but not watching the collection process-from outside a restroom facility at school.
6. Testing positive for a prescription medication is not a failed test if verification of the medication in that student’s name (either by copy of prescription or by the doctor’s authorization) can be supplied to the testing company. In the event that a student’s screen needs to be verified the school will provide the testing company with parent/guardian contact information. Parent/Guardian who do not respond to request of verification in 3 business days of the result will forfeit right to medical review.
7. FRHC will pay for all selected screens but not for follow-up screenings if tested positive.
8. A diluted test may require retesting.
9. An adulterated test is considered a positive test.
10. The consequence for refusing to test or for a positive test to a substance that cannot be verified through a prescription is the loss of the following privileges until a negative screen can be provided from the testing company used by the school:
  - a. The loss of athletic, co-curricular, and extra-curricular privileges (note: an alternative assignment will be provided by the sponsor or director when a co-curricular program/event that is required for credit is missed because of a drug screen result) as is described in the FRHC Random Drug Testing Policy and/or
  - b. The loss of school driving privileges as described in the FRHC Random Drug Testing Policy.
11. The parent/guardian of students who are tested will receive results either by phone or by mail from Hauser High School administration.
12. The parent/guardian of students who are selected to be tested will not be notified of their students’ selection for testing prior to request for producing a sample. Selected students will receive a form letter to take home that they were selected and an approximate date by when notification of results may be expected from the West Group.

Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_