STUDENT'S DRUG SCREENING PROGRAM GENERAL AUTHORIZATION 
AND CONSENT FORM

Student Name______________________________      ID#_______________

As a Student:

I understand that as a condition of my enrollment at St John Bosco High School, I agree to be drug tested pursuant to the St John Bosco High School Drug Screening Program. I agree to accept and abide by the standards, rules and regulations set forth by St John Bosco High School.

I specifically consent to provide a sample of my hair/urine for the purposes of analysis for the presence of substances considered illegal for use by minors and which are controlled by the State of California or the United States Drug Enforcement administration and to permit any other tests ordinarily used to determine my use of drugs.

I specifically authorize the testing laboratory to release the results of all tests used to determine my use of drugs to the Medical Review Officer. I specifically authorize the testing laboratory to release all results to my Parents/guardians and to the Principal and Vice-Principal of St John Bosco High School.

I specifically authorize the Medical Review Officer to release the results of his/her determination of my use of drugs to my parents/guardians and the Principal and Vice-Principal of St John Bosco High School and such persons as he/she might designate.

OVER
If I am found to have used an illegal drug or banned substance, refuse to be tested, falsify or contaminate a sample, or otherwise violate a provision of the policies and procedures, I agree to the application of sanctions outlined in the St John Bosco High School Drug Screening Program.

Furthermore, I hereby fully and forever release and discharge the Medical Review Officer, St John Bosco High School, and the Salesians Society, including their personnel, from any claims, demands, damages, rights, and causes of action present, or future, anticipated or not anticipated, that may arise due to my involvement in any drug test.

Prior to signing this agreement and release, I have had the opportunity to review the applicable policies and procedures, to have them reviewed by legal counsel and to have my questions about the Drug Screening Program answered to my satisfaction by an official, designated by the Principal of St John Bosco High School.

By signing this agreement and release, I agree to the foregoing and my parent or legal guardian(s), by signing this agreement and release, also agree(s) to the foregoing on my behalf.

________________________________   __________________
Print Student Name:      Student ID#: 

________________________________   __________________
Sign Student Name:       Date: 

________________________________   __________________
Sign Parent / Guardian Name:     Date: 

________________________________   __________________
Sign Parent / Guardian Name:     Date: