



WRIGHT
CHRISTIAN ACADEMY

STUDENT DRUG-TESTING CONSENT
MIDDLE & HIGH SCHOOL STUDENTS ONLY

We have read the Wright Christian Drug-Testing Procedures. We hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of this program. We agree to cooperate in furnishing urine specimens that may be required from time to time.

We further agree and consent to the disclosure of the sampling, testing, and results as provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver-of-rights to non-disclosure of such test records and results only to the extent of the disclosure authorized in the program.

STUDENT'S NAME _____
(PLEASE PRINT) FIRST MIDDLE LAST

_____ DATE _____
STUDENT SIGNATURE

_____ DATE _____
PARENT/GUARDIAN SIGNATURE

FORM MUST BE SIGNED BY BOTH STUDENT AND PARENT/CUSTODIAL GUARDIAN.

THIS FORM WILL REMAIN ON FILE WITH THE STUDENT'S RECORDS FOR THE DURATION OF ENROLLMENT AT WRIGHT CHRISTIAN ACADEMY.