

New London Local Schools

Educating Tomorrow's Leaders

PARENT/GUARDIAN CONSENT TO PERFORM TESTING FOR DRUGS AND ALCOHOL

I hereby consent to have my son/daughter/ward undergo testing for the presence of drugs, alcohol, and nicotine in accordance with the New London Local School District Drug and Alcohol Testing Policy for Eligible Students.

I understand that any urine samples taken for such testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the New London Local School District Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my son/daughter/ward for the detection of drugs, alcohol, and nicotine.

I further give my permission to the medical laboratory selected by the New London Local School District Board of Education, its doctors, employees, or agents to release all results of these tests to the designated District employees or their designees. I understand that these results will also be made available to me.

I hereby release, waive, and discharge the New London Local School District Board of Education, its individual members, employees, agents, and anyone acting on its behalf, from any and all liability claims or causes of action arising from or related to the urinalysis testing and/or the release of related information.

Parent/Guardian Signature Date Parent/Guardian Signature Date