



CHANDLER UNIFIED SCHOOL DISTRICT NO. 80

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"Dedicated to Excellence"

Camille Casteel, Ed.D., Superintendent

***CUSD Random Student Drug-Testing Program
Parent and Student Informed Consent 2009-2010***

My high school student and I have received and read a copy of the *CUSD Random Student Drug-Testing Program Handbook*. We understand and agree to abide by all terms and provisions of the *CUSD Random Student Drug-Testing Program*.

I give permission for my high school student to participate in this drug-testing program for the full academic year that he or she is eligible for an Arizona Interscholastic Association sport and/or activity, even if he or she ceases to be active in the sport and/or activity during the school year. We accept the method of obtaining, testing, and analyzing urine specimens and with all aspects of the *CUSD Random Student Drug-Testing Program*. We agree to cooperate fully in all aspects of the program.

I further agree and consent to the disclosure of the drug test results to school personnel on a "need to know" basis as outlined in the *CUSD Random Student Drug-Testing Program Handbook*. This consent is pursuant to all State and Federal privacy statutes and common law privacy provisions and is a waiver of right to nondisclosure of such drug test results and records to the extent of the disclosure authorized in the *CUSD Random Student Drug-Testing Program Handbook*.

I also agree to have my student participate in the annual *Student Drug Survey*. I understand that this survey is completely anonymous. _____ Yes _____ No

Student's Name (Please Print) *Student's Signature* *Date*

Student's ID number *Student's School* *Student's Grade*

Parent/Legal Guardian's Name (Please Print) *Parent/Legal Guardian's Signature* *Date*

Notification of Random Drug Testing: Staff from the *CUSD Random Student Drug-Testing Program* will make every reasonable effort to telephone or email each parent on the day the student is tested. No prior notice to testing is given. What number or email address do you want us to use to provide you this information?

Telephone: (____) _____ *E-mail:* _____

If you do not answer the telephone and/or do not have or want us to use e-mail, do we have your permission to leave a voice message at this number stating your student was tested for drugs and alcohol that day? Please circle your response and sign your name. YES NO _____

Parent/Legal Guardian's Signature

Notification of Test Results: Southwest Laboratories will provide the *CUSD Random Student Drug-Testing Program* project director with results of all students who tested negative for drugs and alcohol. A project staff member will then notify the parents/guardians of these students with their individual student's negative test result by first-class U.S. mail. Please indicate the address you want us to use to notify you of your student's negative drug and alcohol test results.

Street Address, including Apartment or Lot Number, if Applicable *City* *Zip Code*

Southwest Laboratories will provide our certified Medical Review Officer with the lab report of any student who tested positive for drugs and/or alcohol. The Medical Review Officer will telephone the parent of the student who tested positive for drugs and/or alcohol to discuss the matter.

To ensure confidentiality, CUSD Random Student Drug-Testing Program staff members will not give drug test results to parents or students who request this information by telephone.