



Paso Robles Joint Unified School District Voluntary (Random) Drug Testing Program Authorization Form

Paso Robles Joint Unified School District is implementing a voluntary random drug testing program for all secondary students grades 6-12. The objective of this program is to help our children in the fight against drug abuse. The program is not being implemented as a way to catch students on drugs, but rather to keep our children from experimenting with them. By enrolling in this program you are giving your child a reason to "just say no" to drugs.

No one at Paso Robles Joint Unified School District will have any knowledge of your child's drug test results. This program will not keep any student out of athletics or other school activities. Results will remain extremely confidential and will be reported directly to the parent/legal guardian via the provided email address.

The form below must be completed and signed by the student and you as the parent/legal guardian indicating your decision to have your son/daughter participate in this program. This program is provided free of charge during the school year 2015-2016.

Please circle your choice: **YES** **NO**

By circling **YES**, I am authorizing Drug Testing Center and Consortium (DTC) to put my child in a random drug testing pool to collect a urine specimen from my child for drug testing when my child's name is selected. By circling **NO**, this form will be filed for recordkeeping purposes only.

Student ID _____ Student's Grade (circle one) 6 7 8 9 10 11 12

School of Attendance:

- | | | |
|--|--|---|
| <input type="checkbox"/> Paso Robles High School | <input type="checkbox"/> Liberty High School | <input type="checkbox"/> Independence High School |
| <input type="checkbox"/> Flamson Middle School | <input type="checkbox"/> Lewis Middle School | |

_____ Student Name _____ Student Signature _____ Date

_____ Parent/Guardian Name _____ Parent/Guardian Signature _____ Date

_____ Street Address _____ City _____ State _____ Zip Code

_____ Parent Home Phone/Cell Phone _____ Parent Work Phone

_____ Parent's email address

Please return this form to the school