MCHS
Voluntary Drug Testing Program
Grades 9-12

I, _____ _____, am currently in the _____ grade at MCHS.
Print Full Name Social Security Number

My signature and the signature of my parent/guardian below indicate my commitment to be drug free and our willingness for me to participate in random drug testing program at Meade County High School.

It is my understanding that if I test positive as a result of volunteering for this drug testing program, I would be expected to receive counseling provided by the school, or an approved program paid for by my parent/guardian. No disciplinary action would be taken at that time. The purpose of this program is to assist students in their efforts to escape the devastating effects of drugs in their lives. Once the counseling is completed, a follow up urine drug screen will be given to the student sometime within 90 days following the initial drug screen. If this test is also positive, an alternative school placement may be ordered as well as more extensive counseling services by an outside facility provided and paid for by my parents/guardians.

Furthermore I understand that:

(1) The drug test is a twelve (12) panel screen by a certified Lab, Premiere Integrity Solutions, and includes testing for marijuana, amphetamines, cocaine, PCP, barbiturates, benzodiazepines, opiates, oxycodone, propoxyphene, methamphetamine, methadone, and buprenorphine. The urine sample will be collected at Meade County High School by the school's Registered Nurse. Any non-negative drug screens will be packaged and sent to Premiere Integrity Solutions Lab for further analysis. Neither Meade County High School students nor their parents/guardians will have to pay for this test.

(2) If I test positive my parent/guardian, not the school will be notified first. This will prevent a false positive announcement in the event a prescribed medication was a factor in the test analysis. If I am 18 years of age or older, signing this contract gives Premiere Integrity Solutions' Medical Review Officer permission to contact my parent/guardian and discuss my test analysis with my parent/guardian. If the positive is indeed due to inappropriate drug use, the only persons in the school system to be notified by the Premiere Integrity Solutions' Medical Review Officer will be the MCHS Principal and the Registered Nurse that administered the test.

(3) Since this is a voluntary program, I can exit the program anytime I choose after a conference involving my parents, an administrator, and myself. If I have not chosen to exit the program before my name is randomly drawn for a test, I will be expected to take the test. Failure to take the test will be considered by the administration as a positive test. The expectation is that I get counseling provided by the school or an approved program paid for by my parent/guardian (evidence of this counseling should be submitted to the administration within two weeks).

(4) This permission form is good for the duration of my presence as a student at Meade County High School.

_____ _____

Student Signature **Date** **Parent/Guardian Signature** **Date**