

**CONSENT TO MANDATORY DRUG TESTING
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby acknowledge that I have received a copy of the Pine Grove Area School District Drug Testing Policy. I further acknowledge that I have read the policy and that I fully understand the provisions of the drug testing program and agree to comply with the terms and conditions set forth by the policy.

I hereby consent and authorize the school district to collect a urine sample or oral fluid from my student and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the policy. I further authorize the Superintendent of the school district or his/her designee to release the results of the drug testing of my student in accordance with this policy, only when necessary, to the school principal, Athletic Director, head coach and/or advisor of any extracurricular activity in which my student participates and/or members of the Student Assistance Program.

I hereby acknowledge that this consent shall remain valid unless and until I notify the Pine Grove Area School District, by the completion of the proper forms, of my desire to remove my student from the school district's drug testing program.

I hereby release and discharge, for myself and my student, the school district and its directors, officers, employees, and agents from any and all claims, rights, expenses, debts, demands, costs, contracts, liability, obligation, actions, and causes of action of every nature known or unknown whether in law or equity which I or my student had, now has, or may have which is in any way connected with or arises out of the drug testing process of this policy.

 Printed Student Name

 Student Signature

 Date

 Printed Parent/Guardian Name

 Parent/Guardian Signature

 Date

 Parent/Guardian Contact Number

 Extracurricular Activities