



**DRUG AND ALCOHOL TESTING POLICY**

**CONSENT FORM - PARENTS/GUARDIANS**

FULL NAME of learner: \_\_\_\_\_

1. I have read and understand the contents of the College's Substance Abuse Policy and hereby agree that my child whose name appears above will abide by the contents of the Policy.
2. I authorize the College to conduct a urine test for alcohol and/or drug use, and to search my child's body and property on reasonable suspicion of drug or alcohol use or possession in accordance with the policy.
3. I understand why these searches and tests are necessary, and I fully appreciate what the procedure involved will be and what the consequences of either a positive test or a search and seizure are, and do hereby freely give my consent.
4. I acknowledge that it is my duty to disclose to the College any medicine that my child has taken that may affect the outcome of the test. I will provide the College with a doctor's certificate after any such test, as soon as is reasonably possible, which states precisely what the nature of such medication is.
5. I understand that this form remains in effect until my child matriculates and/or withdraws from the College.

Mother/Guardian Name: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_