227.1 APPENDIX A

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

We hereby acknowledge that the Loyalsock Township School District has a random drug testing policy. We further acknowledge that we are aware that we may access the policy in electronic format at www.loyalsocklancers.org and/or request a paper copy from the high school or middle school principal.

We hereby consent and authorize the school district to collect and test a sample of bodily fluid from my student and to have such a sample tested for the presence of certain drugs and substances in accordance with the provisions of the policy. We further authorize the superintendent or his/her designee to release the results of the drug testing of student’s bodily fluid in accordance with this policy. We hereby acknowledge that this consent shall remain valid in accordance with this policy.

We hereby release and hold harmless the Loyalsock Township School District and its Board of School Directors, administrators, employees, agents, representatives and medical staff members from any and all liability, claims, damages and costs that may arise from or be related directly or indirectly to a drug test.

*Please return to your student’s main office.*

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| **Student Information** | | |
| Printed Name of Student: | Grade: | Student ID Number: |
| Extracurricular/Co-curricular Activities: | | |
| Student’s Signature: | Date: | |
| **Parent Information** | | |
| Printed Name of Parent/Guardian: | I wish to be present for the testing of my student:  □ Yes □ No | |
| Parent/Guardian Signature: | Date: | |
| Printed Name of Parent/Guardian: | I wish to be present for the testing of my student:  □ Yes □ No | |
| Parent/Guardian Signature: | Date: | |