

CONSENT FOR MANDATORY TESTING AND AUTHORIZATION FOR RELEASE OF INFORMATION

We hereby acknowledge that the Greater Johnstown 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.gjsd.net and/ or request a paper copy from the high school principal.

We hereby consent and authorize the school district to collect and test a sample of urine 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 urine 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 Greater Johnstown 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 the drug test, unless the Greater Johnstown School District can be shown to have been grossly negligent. The Medical Vendor performing the tests shall not be released from liability per this paragraph.

Please return to your student's main office.

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:	Do you wish to be notified on the date of testing if your child is selected for testing? If you wish to be present at the testing, you must be present within one (1) hour of notification or the test will proceed in your absence.
Phone No. for Notification: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	Date:
Printed Name of Parent/Guardian:	Do you wish to be notified on the date of testing if your child is selected for testing? If you wish to be present at the testing, you must be present within one (1) hour of notification or the test will proceed in your absence.
Phone No. for Notification: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	Date: