

# NORTH ADAMS COMMUNITY SCHOOLS RANDOM DRUG TESTING PROGRAM

## CONSENT FORM

I have received a copy of the North Adams Community Schools Random Drug Testing Program Guidelines. I, \_\_\_\_\_, agree to participate in this program of North Adams Community Schools, and, hereby, voluntarily agree to be subject to its terms for the entire school year. I understand the methods of specimen collection, testing, and analysis as well as all other terms and conditions of the program. I agree to cooperate in furnishing specimens that may be required.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal privacy statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



*Respect* | *Community* | *Growth*