



**HUNTERDON CENTRAL REGIONAL HIGH SCHOOL**

**STUDENT RANDOM DRUG AND ALCOHOL CONSENT TO TEST FORM**

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the HCRHS Board of Education and the sponsors for the activity in which I participate.

I authorize the HCRHS District to conduct a Drug and Alcohol test on-site if my name is drawn from the random pool. Pursuant to the Student Random Drug and Alcohol Policy, I authorize the following:

1. Hunterdon Central Regional High School to release specimens to the testing Laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Hunterdon Central Regional High School – Student Assistance Counselor, Grade Level Administrator and/or Medical Inspector.\*
4. Hunterdon Central Regional High School to release individual student name, parents name and home phone number to Medical Review Officer, MD regarding all positive drug test results.

I understand that I may also be randomly drug tested throughout the remainder of the year.

<i>Student Name (Please Print)</i>	<i>Student ID Number</i>
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<i>Student Signature</i>	<i>Date</i>
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<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
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<i>Parent/Guardian Home Phone</i>	<i>Parent/Guardian Work Phone</i>	<i>Parent/Guardian Cell Phone</i>
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- I plan to participate in the following **sport**: \_\_\_\_\_
- I plan to participate in the following **student activity**: \_\_\_\_\_
- I am **volunteering** to be placed in the drug testing pool.
- I hold a valid HCRHS **parking permit**. \_\_\_\_\_  
*Parking Decal Number*

\* All results are kept strictly confidential and are released only to those individuals named above.