

CONSENT OF PARENT/GUARDIAN TO ADMINISTRATION OF TESTING FOR UNATHORIZED USE OF CONTROLLED SUBSTANCES AND FOR RELEASE OF PRELIMINARY TEST RESULTS TO THE MEDICAL PROFESSIONAL OF FERNDALE AREA SCHOOL DISTRICT AND FOR THE RELEASE OF THE OFFICIAL TEST RESULTS TO THE BUILDING PRINCIPAL

I, the undersigned, am the [] parent [] guardian of _____ ("Student") who is enrolled as a student in the Ferndale Area School District ("FASD").

I understand that the building principal or his/her designee has determined, with reasonable suspicion based upon Student's behavior, medical symptoms, vital signs, and other observable factors, that Student is under the influence of a controlled substance(s), and that Student has denied that Student is under the influence of any controlled substance(s).

In accord with FASD Policy 227, Student is required to submit to testing, to be paid for by FASD, to determine if in fact Student is under the influence of a controlled substance(s). The administering of such testing requires the consent of the parent or guardian of Student.

By executing this CONSENT OF PARENT/GUARDIAN TO ADMINISTRATION OF TESTING FOR UNATHORIZED USE OF CONTROLLED SUBSTANCES AND FOR RELEASE OF TEST RESULTS TO SUPERINTENDENT OF FERNDALE AREA SCHOOL DISTRICT, I, the parent or guardian of Student, do consent to Student being tested by Conemaugh Valley Memorial Hospital, d/b/a Corporate Care ("Corporate Care") to determine whether Student is under the influence of a controlled substance(s). Said testing may include but need not be limited to an examination and analysis of Student's blood, urine and/or saliva, and further, I do agree to execute and complete such additional forms and consents as Corporate Care may reasonably require of me prior to the actual administering of the appropriate testing.

I further consent to the preliminary results of said testing being released by fax/phone to the Principal and medical professional at the school (school nurse) to expedite the student's return to school and I further consent to the official results being mailed by (USPS) from Corporate Care to the Principal at the respective FASD building where the student attends. In addition, I recognize that if the results of the testing indicate that Student was under the influence of one or more controlled substances, that the results of the testing may also be released or disclosed by the Principal to appropriate district administrators for the purpose of providing counseling or taking appropriate disciplinary action(s), and possibly to the School Board of the FASD in the event of a hearing before it regarding the discipline, if any, imposed in the event the test(s) indicate the presence of a controlled substance(s).

Initials of Parent/Guardian: _____

CONSENT OF PARENT/GUARDIAN TO ADMINISTRATION OF TESTING FOR UNAUTHORIZED USE OF CONTROLLED SUBSTANCES AND FOR RELEASE OF PRELIMINARY TEST RESULTS TO THE MEDICAL PROFESSIONAL OF FERNDALE AREA SCHOOL DISTRICT AND FOR THE RELEASE OF THE OFFICIAL TEST RESULTS TO THE BUILDING PRINCIPAL

I understand and agree that I have been provided with a copy of FASD Policy 227 and the attachments to Policy 227 regarding testing of students for being suspected of being under the influence of alcohol or a controlled substance(s), and that Student and myself must proceed immediately to the Offices of Corporate Care, which are situate at _____, Johnstown, Pa. I acknowledge executing this Consent at _____ .m. on the date set forth below.

I further acknowledge my right to refuse to consent to the administering of the test(s) upon Student, and understand that if I do so elect to refuse to consent to Student being tested, that such refusal will result in a presumption that Student, at the time the building principal or his/her designee developed a reasonable suspicion that Student was under the influence of a controlled substance(s), was correct and that disciplinary action against Student will proceed forward based upon that presumption.

Finally, I understand that if I execute this consent but fail to promptly report to Corporate Care with Student and/or if Student fails/refuses to cooperate and complete the testing, that such action(s) will result in a presumption that Student, at the time the building principal or his/her designee developed a reasonable suspicion that Student was under the influence of a controlled substance(s), was correct and that disciplinary action against Student will proceed forward based upon that presumption.

IN WITNESS WHEREOF I, in my capacity as parent or guardian of Student, AND WITH INTENT TO BE LEGALLY BOUND HEREBY, do voluntarily execute this consent for the purposes above stated, this _____ day of _____ .

WITNESS:

Print Name: _____

Print Name: _____
Relationship To Student _____