

I have also read in its entirety the Mandatory Random Drug Testing Policy, and acknowledge and agree to the following:

- I hereby CONSENT to allow CCHS and/or its authorized Vendor to take a sample of my hair (or conduct an alternative method of obtaining a sample where necessary) and submit it for a Mandatory Random drug test in accordance with the Mandatory Random Drug Testing Policy.
- I FURTHER CONSENT to allow the laboratory testing service (Vendor) to make the results of such test available to the CCHS Officials designated to receive such information.
- I FURTHER CONSENT to the release of the test results to my child who was tested or my Parents/Guardians when I am tested.
- I FURTHER CONSENT to the disclosure of the test results to a Provider for development of a Plan of Action (counseling and treatment) under the Mandatory Random Drug Testing Policy.
- I FURTHER CONSENT to the disclosure of information by the Provider to CCHS and the Student and/or Parent/Guardian to confirm compliance with any Plan of Action or to facilitate treatment or counseling under the Mandatory Random Drug Testing Policy.
- I AGREE to execute any additional permission/consent form(s) that may be required by any Vendor or Provider or by CCHS under the Mandatory Random Drug Testing Policy.
- I AGREE to abide by the Student/Parent Handbook and the Mandatory Random Drug Testing Policy.
- I UNDERSTAND AND AGREE that each of the following: refusal to undergo testing, failure to provide a sample, or failure to abide by the terms and conditions of the Plan of Action under the Mandatory Random Drug Testing Policy, are independent grounds for my disenrollment from CCHS.

Student _____
Print Name Signature

Parent/Guardian _____
Print Name Signature

Parent/Guardian _____
Print Name Signature

Student Homeroom: _____