

COLUMBUS CHRISTIAN ACADEMY DRUG TESTING CONSENT FORM

Consent to Testing of Specimens and Authorization for Release of Information

Columbus Christian Academy is implementing a mandatory drug screening policy that will require random drug testing for students in grades 7-12. This policy requires the participation of all 7-12 students.

BE ADVISED THAT YOUR CHILD SHOULD ONLY TAKE MEDICATIONS PRESCRIBED SPECIFICALLY FOR THEM.

I hereby consent to have a sample of my hair or urine collected for testing purposes for the presence of drugs in accordance with the provisions set forth by the Columbus Christian Academy Board of Directors and/or its designee to make confidential release to the necessary persons any and all records relating to the drug testing of my hair or urine samples in accordance with the provisions of the Columbus Christian Academy Drug Testing Policy. I, furthermore, consent to the release of specimens and information to the designated drug testing laboratory and the Medical Review Officer. If necessary and upon my request, this information may be released to a drug counseling/treatment program including all the information and records, including drug test results. To the extent set forth in this document, I waive any privilege I have in connection with such information.

We the parent(s) and/or legal guardian(s) of the above student join in the above consent.

COLUMBUS CHRISTIAN ACADEMY RELEASE FROM LIABILITY

The Columbus Christian Academy Board of Directors and its officers, administrators, employees, and agents are hereby released from responsibility and/or liability of any actions caused by the release of information and records as authorized in this form regarding a student's positive drug test. As a student and parent(s)/guardian(s) we attest that said student is drug free.

I certify that all information contained on this form is true and correct.

_____ Printed Student Name	_____ Student Signature	_____ Date
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We the parent(s) and/or legal guardian(s) of the above student join in the above consent.

_____ Printed Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
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_____ Printed Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
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