Sparta Academy
Student and Parent Drug Policy Consent Form

I/We the undersigned, herby voluntarily consent to the taking of a urine/hair sample to be used for drug screening; authorize and give full written permission to the doctor, clinic, hospital, and/or agents to send this specimen to a laboratory for screening tests; and authorize these results to be given directly to authorized agents of Sparta Academy. Further, by signing this document, I/We give complete and unfettered consent to and for the searches of the students' person, locker, automobile, personal belongings by drug dogs, law enforcement officers, teachers, and officials of Sparta Academy.

I/We acknowledge receiving notice of the Sparta Academy drug testing program. I/We understand that I may be selected for screening by urinalysis or tested if I/We exhibit reasonable suspicions for the presence of controlled substances. I/We understand that a confirmed positive result of that testing or refusal to testing will result in immediate suspension and/or permanent dismissal from Sparta Academy.

Done this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.

Father/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*\*\*BOTH PARENTS MUST SIGN\*\*\***

Single Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_