

**CENTERVILLE ABINGTON COMMUNITY SCHOOL CORPORATION**  
**CONSENT FORM**

I have received and have read and I understand the Centerville Abington Community School Corporation's random drug testing program.

I \_\_\_\_\_ agree to participate in this program, and  
(STUDENT NAME)

hereby, voluntarily consent to be subject to its terms for my entire school career (grades 7-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that will be required within the specifications of this policy.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver to nondisclosure of such test records and results only to the extent of the disclosures in the program.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent Signature

**Optional: Please list and provide documentation of any medication your son/daughter is taking that has been prescribed by a doctor.**

\_\_\_\_\_  
\_\_\_\_\_