

Permission to Park, Voluntary Participation in Random Drug and Alcohol Testing and Participation in Random Drug and Alcohol Testing (RDAT) Consent Form

Parking or Voluntary Participation in RDAT

I understand that parking is a privilege and I hereby give my consent to

_____ in _____
Student's Full Name (Printed) Parking or Voluntary RDAT (Printed)

Random Drug and Alcohol Testing Consent

I understand fully that my performance, as a participant, and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Middletown Township Board of Education and the sponsors for the activity in which I participate.

I authorize the Middletown Township School District to conduct a test on urine, which I provide on-site, to test for alcohol and/or drug use if my identification number (ID) is drawn from the random pool. Pursuant to the Regulations for the Student Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that I may also be randomly drug and alcohol tested for a period of 365 days from the date this form is received and I have read and understand the Administrative Guidelines on Random Drug and Alcohol testing.

I understand that in the event of a positive result, my club advisor, coach, or administrator will be notified, will maintain confidentiality, and will not share the information with any individual or agency. A student will not be able to participate until the form is returned.

_____	_____	_____	_____
Student Signature	Date	Parent's or Guardian's Signature	Date
Student ID # _____	Home phone _____		
Student Grade _____	Work phone _____		
Gender (circle one) Male Female	Parent/guardian cell phone _____		

This form can be downloaded from the district website at www.middletownk12.org