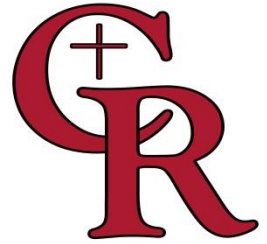


# Student Drug and Alcohol Testing Permission Form 2021-2022



Student's Legal First Name \_\_\_\_\_ Date Received \_\_\_\_\_

(Please Print) : \_\_\_\_\_ Administrator initial \_\_\_\_\_

Student's Legal Last Name \_\_\_\_\_

(Please Print) : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

### **AS A STUDENT:**

- I have read and understand the Cardinal Ritter High School Drug and Alcohol Policy.
- I consent to adhere to the policy.
- I understand that I may be tested based upon reasonable suspicion through activities that may occur during the school year or while school is on break (i.e. summer, fall, winter, or spring).
- I understand that if I decline to consent to participate in the Student Drug and Alcohol Testing program, I will not be allowed to attend Cardinal Ritter High School.

### **AS A PARENT/ GUARDIAN / CUSTODIAN:**

- I have read and understand the Cardinal Ritter High School Drug and Alcohol Policy.
- I understand that my student may be tested based upon reasonable suspicion through activities that may occur during the school year or while the school is on break (ie. summer, fall, winter, or Spring).
- I understand that if I decline to consent for my child to participate in the Student Drug and Alcohol Testing program, my child's enrollment at Cardinal Ritter High School will be terminated.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo drug testing for the presence of alcohol, drugs and/or banned substances in accordance with the Cardinal Ritter Drug and Alcohol Policy. I understand that school personnel will support and oversee testing process in coordination with a contracted Licensed Laboratory. Testing will include:

- A rapid test on school grounds. The sample from the rapid will be retained by the Laboratory employee.
- The Lab will further test the sample for Quantitative levels of any drug found.
- Results will be provided to the designated school official as stated in the Drug and Alcohol Policy.

I hereby consent to the vendor selected by Cardinal Ritter High School, its laboratory, doctors, employees, and/or agents to perform testing for the detection of alcohol, drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the tests. I further understand and consent to the vendor selected by Cardinal Ritter High School, its doctors, employees, and/or agents, to release results of tests to Cardinal Ritter High School in accordance with Drug and Alcohol policy. I understand that the consent granted herein is effective for the entire 2019-2020 school year.

I understand that the fees charged by testing facilities will be my financial responsibility, unless otherwise noted by the Principal. I will hold harmless Cardinal Ritter High School and its employees, the Archdiocese of Indianapolis and its employees, the testing company and its laboratory, meaning that I will not sue or hold responsible such parties for any alleged harm that might result from such testing, even if Cardinal Ritter High School or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Cardinal Ritter High School and its employees, the Archdiocese of Indianapolis and its employees, the testing company and its laboratory for any alleged harm that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of the Drug and Alcohol Policy and the procedures as explained within.

I understand that Cardinal Ritter High School, through its staff and administrators may have certain obligations under Indiana law to report controlled substance violations to law enforcement officers. I further acknowledge that individuals, who make such reports, in good faith, are immune from civil liability.

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

Student Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_