**STILL WATERS LEARNING ACADEMY**

**DRUG SCREEN CONSENT FORM**

***STILL WATERS LERNING ACADEMY*** believes the use and abuse of drugs not prescribed for medical benefit can be detrimental to the physical, emotional, and mental health of its students. Furthermore, the use and abuse of drugs may seriously interfere with the academic performance of students and greatly increases risks to the individual’s health and safety as well as others. Because of these concerns ***STILL WATERS LEARNING ACADEMY*** has implemented following drug screening program for students.

Substances tested for include but are not limited to: marijuana, amphetamines, barbiturates, cocaine, opiates, and propoxyphene. Testing will consist of students providing a urine sample to the representative of the firm administering the test. School personnel will coordinate and supervise the process but not administer the test. Drug screens will be conducted in a secure setting that ensures student privacy. Confidentiality of test results will be protected. Specimens will be processed and secured to ensure against tampering. Parents/Guardians of students selected to participate in the drug screen process will be notified after the test has been completed. The outside firm administering the drug screens will report test results to the principal or his/her designee. In case of a positive result, the parent or guardian will be notified.

**CONSEQUENCES FOR POSITIVE RESULTS**

**First Positive:** A student testing positive a first time will be suspended from school for a minimum of two weeks as well as suspension from all sporting and co-curricular activities for the remainder of the learning term. The student must agree to another drug screen, at the family’s expense, within a timeframe recommended by the Toxicology Lab. The result of this screen must produce a negative test result.

**Second Positive**: If student tests positive a second time, the student will be suspended from the school for the remainder of the term. A meeting will be scheduled with the student, parent(s)/guardian(s), principal, to arrange the following:

* Participation in a drug treatment and counselling program for a minimum of four weeks. Parents/Guardians will be expected to participate in the program. Program matriculation costs will be the responsibility of the parent(s)/guardian(s).

**Third Positive**: A third positive screen will result expulsion from the school.

I further understand that if I refuse to take the test as outlined in the drug screening procedures, fail to report for a test, or if I establish a violation of the drug testing policy, I will face consequences set forth by the ‘School’.

By signing and dating this form, I consent to participate in a random selection process. If selected, I will take part in urinalysis testing procedures conducted by a qualified medical testing agency on site at **STILL WATERS LEARNING ACADEMY**. I understand this form will be valid during my entire tenure at **STILL WATERS LEARNING ACADEMY.**

By signing and dating this form, I hereby authorize the testing facility to release the lab results of my student’s drug screen to the administration of **STILL WATERS LEARNING ACADEMY**.

**STUDENT NAME & CLASS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**