

FORM D

Student Parking Permit Holder Consent to Random Drug Testing

I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Washington Township Board of Education.

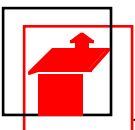
I authorize the Washington Township School District to conduct a test on a urine specimen, which I provide to test for drug use. Pursuant to the Student-Athlete and Student Parking Permit Drug Policy, I also authorize the release of information concerning the results of such a test to the Superintendent, High School Principal, medical inspector and/or high school nurse; and to my parents.

I also realize that my possession of a student parking permit, as authorized by the Washington Township School District is conditional upon my compliance and/or acceptance of the Student-Athlete and Student Parking Permit Drug Policy. I am also aware that Student Parking Permit Holders may be tested throughout an entire school year from the first school day they are in possession of a student parking permit.

I hereby acknowledge receipt of the Student-Athlete Drug and Student Parking Permit Drug Policy.

Date

Student Parking Permit Holder



FORM E

Parent Consent to Random Drug Testing for Student Parking Permit Holders

I, _____, hereby authorize the Washington Township High School District ("District") to conduct a random test (or tests) on a urine sample which will be provided by _____ to test for drug and/or alcohol use pursuant to the Student-Athlete and Student Parking Permit Drug Policy. I also authorize the release of information concerning the results of such a test to the Superintendent, High School Principal, medical inspector, and/or high school nurse.

I have been provided a copy of the District's Student-Athlete and Student Parking Permit Drug Policy and understand its terms and agree to subject my child to the procedures described in them. I am also aware that Student Parking Permit Holders may be tested throughout an entire school year from the first school day they are in possession of a student parking permit.

My son/daughter is currently using the medication listed below, as prescribed by his/her physician. If tested positive, medical verification will be requested.

Medication:

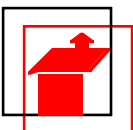
I agree to update this list as needed on Form F of R5530.1.

Student Parking Permit Holder

Parent

Date

Date



FORM F

Student Parking Permit Holder Medication Update

Please complete this form and return it to the High School Principal. This form will be attached to the original Consent to Drug Testing contract signed by the parent and student at the beginning of the school year. Please be sure to notify the school nurse of all medications prescribed for your son/daughter.

My son/daughter is currently using the medication listed below, as prescribed by his/her physician.

Parent Signature

Date

