

Center Grove High School
Random Drug Testing (RDT) Enrollment Form

I have read and understand the regulations of the Random Drug Testing (RDT) Program. I consent that my son or daughter, _____, be enrolled in this program, hereby, voluntarily

STUDENT NAME (Please Print)

agree to be subject to its terms for the entire school career (grades 9-12). I accept the methods of obtaining necessary specimens, testing and analysis of specimens, and all other aspects of the program. I agree to cooperate in furnishing necessary specimens that may be required in accordance to the Random Drug Testing (RDT) program.

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

Today's Date: _____

Graduation Year: _____

Student Signature

Parent/Guardian Signature