

Joliet Catholic Academy Drug Testing Consent Form

I/ We have read the JCA drug testing policies and administrative regulations regarding the mandatory screening for drug usage that is required for all students in attendance at Joliet Catholic Academy.

I/ We understand that the school will request a hair sample of our son/ daughter for the purpose of the screening and I/ We agree that our son/ daughter will submit a sample when called to do so. I/ We agree to the methodology being used for hair sampling and sharing the results with appropriate persons referred to in the policy.

I/ We understand that failure to comply with this policy and administrative regulation in any part or the whole may constitute a cause for disciplinary action.

I/ We agree to abide by the terms mandated by this policy and administrative regulation if our son/ daughter tests positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a licensed health care facility. Furthermore, I/We agree to also cooperate with the particular plan of treatment or recovery that is recommended for our son/ daughter.

I/ We fully understand that refusal to sign this consent form renders our son /daughter ineligible for attendance at Joliet Catholic Academy. This consent form remains in affect for the duration of your child's time at Joliet Catholic Academy.

Student's Name: _____

Signature of Parent or Guardian

Signature of Parent or Guardian

Printed name of Parent or Guardian

Printed name of Parent or Guardian

Date: _____

Date: _____