

SCREENING FOR DRUG USAGE CONSENT FORM REQUIRED OF ALL PARENTS

I/We have read the policy statement regarding the mandatory screening for drug usage that is required of all students in attendance at St. Bede Academy.

I/We understand that the school will request a hair sample of our son/daughter for the purpose of screening and I/we agree that our son/daughter will submit a sample upon request at any time. 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 further agree to defend and indemnify St. Bede Academy, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the Drug Screening Program, or any acts, errors or omissions relating thereto, by the student identified below whose attendance at St. Bede Academy is conditioned upon the execution of this consent.

I/We understand that failure to comply with this policy in any part or in whole constitutes cause for immediate dismissal from the school.

I/We agree to abide by the terms mandated by this policy if our son/daughter tests positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional. 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 St. Bede Academy.

Printed Name of Student _____

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian _____

SCREENING FOR DRUG USAGE CONSENT FORM REQUIRED OF STUDENTS

I have read the policy statement regarding the mandatory screening for drug usage that is required of all students in attendance at St. Bede Academy.

I understand that the school will request a hair sample from me for the purpose of this screening and I agree that I will submit a sample upon request at any time. I agree with the methodology being used for hair sampling and sharing results with my parents, guardian and/or other appropriate persons referred to in the Policy. I further agree that St. Bede Academy is not responsible if test results are erroneous and hereby release St. Bede Academy, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the Drug Screening Program, or any acts, errors or omissions relating thereto, by the student identified below whose attendance at St. Bede Academy is conditioned upon execution of the consent.

I understand that failure to comply with this policy in any part or in whole constitutes cause for immediate dismissal for the school.

I agree to abide by the terms mandated by this policy if I test positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional.

I fully understand that refusal to sign this consent form renders me ineligible for attendance at St. Bede Academy.

Signature of Student

Date