



**ST STITHIANS COLLEGE
DRUG AND ALCOHOL TESTING POLICY
CONSENT FORM: PARENTS/GUARDIANS**

Name of learner: _____

1. I have read and understand the contents of the College's Substance Abuse and Search and Seizure Policies ("the Policies") and hereby agree that my child whose name appears above will abide by the contents of the Policies.
2. In particular, I authorize the College to conduct a urine or other non-invasive test to test for alcohol and/or drug use, and to search my child's body and property on reasonable suspicion of drug or alcohol use or possession in accordance with the Policies.
3. I understand why these searches and tests are necessary, and I fully appreciate what the procedure involved will be and what the consequences of either a positive test or a search and seizure are, and do hereby freely give my consent.
4. I agree I am liable for the costs of the test, and I consent to this amount being debited to my school account.
5. I acknowledge that it is my duty to disclose to the College any medicine that my child has taken that may affect the outcome of the test. I will provide the College with a doctor's certificate after any such test, as soon as is reasonably possible, which states precisely what the nature of such medication is.
6. I understand that this form remains in effect until my child matriculates and/or withdraws from the College.

Mother / Guardian Name _____

Mother / Guardian Signature _____

Date _____

Father/Guardian Name _____

Father/Guardian Signature _____

Date _____