

# Aurora High School Drug Free Club

## **“Opt In” Student Drug Testing Program**

Aurora High School in conjunction with Great Lakes Biomedical is pleased to provide affordable access to student drug testing at the request of the parents or legal guardian. With our **Opt In** student drug testing program we allow students, as requested by parents within our school districts, to participate in the district’s random student drug testing program. Results are 100% confidential and reporting goes directly to the parents.

### **How the program works**

1. The parent/guardian can obtain our **Opt In** student drug testing consent within your districts office.
2. Read and sign the Informed Consent Agreement. The student must also sign this agreement.
3. Turn in the signed agreement and payment for the cost of the student drug testing. Identification of students may be required at the time of testing.

4. Upon completion of the testing, the Medical Review Officer will finalize results and will notify the parent/guardian of any positive testing results. **Results will not be released to any other party without written consent of the parent/guardian.**
5. If a positive test result occurs, the parent/guardian may request counseling or follow up testing within the program.

Our **Opt In** program is available to any student who is enrolled within the district. Great Lakes Biomedical will not attempt to diagnose substance abuse problems. We only want to provide another tool to parents and guardians in making informed decision on what might need to be done to help their children.

Make Checks Payable To: Aurora City School District

Cost For Testing: \$10

### Opt In Student Drug Testing Consent

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

#### AS A STUDENT:

- I understand that I may be drug tested with my parents’ consent under the Opt In student drug testing program. I understand this agreement is binding while I am a student in the school system.

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STUDENT SIGNATURE

DATE

#### AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that by signing this consent I will allow the school district to perform drug and/or alcohol testing on my son or daughter, the results of which will be released to me and only me.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

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PARENT GUARDIAN/CUSTODIAN PRINTED NAME, PHONE, ADDRESS

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