



William S. Hart Union High School District
CADRE
Comprehensive Alcohol and Drug Reduction and Education

**VOLUNTARY RANDOM DRUG TESTING
PARTICIPATION FORM**

Thank you for enrolling in the CADRE Program. To participate in the voluntary random drug testing program this form must be completed and signed by both parent/guardian and student and mail it to MEDTOX Laboratories at 19425 Soledad Canyon Road, Building B, Suite 442, Canyon Country, CA 91351.

Please indicate your decision to have your student participate (YES) in the Hart School District Voluntary Random Drug Testing Program.

CIRCLE YOUR CHOICE: **YES** **NO**

By circling YES, we hereby certify that we accept the policies, terms, and conditions set forth in the District's CADRE program operations manual and authorize MEDTOX Laboratories to collect a urine specimen or alcohol panel from my child for drug testing. We understand the drug screen will be private and provided free of charge.

_____ _____ _____
Student Full Name Student Signature Date

Grade _____ Student ID # _____

_____ _____ _____
Parent/Guardian Name Parent/Guardian Signature Date

_____ _____ _____
Parent/Guardian Home Phone # Work Phone # Cell phone #

Home Address:

*School Currently Attending: _____

E-mail Address: _____

Participation in the Hart School District Voluntary Random Drug Testing Program is strictly voluntary and not required for participation in District/School activities. It will also be presumed by the District that Parents or Guardians NOT returning this form have decided that their child will NOT participate in the drug testing program.