



**PARENT/GUARDIAN CONSENT TO DRUG TEST OF A MINOR**

My minor child has been selected to participate in the Lake Region CAPS program (“GO CAPS”), which requires drug testing as a condition of enrollment/participation in the program. This annual test must be completed prior to the first day of class each year. The deadline for testing this school year is August 17, 2017. Employee Screening Services will perform this testing at the Student and Parent orientation in August.

I, the undersigned parent/legal guardian of the minor child named below, do hereby authorize and consent to a urine drug screening test to be performed on my minor child. I understand that the drug test to be performed is a twelve panel screen, which tests for cocaine, amphetamines, barbiturates, benzodiazepines, marijuana, opiates, phencyclidine, propoxyphene, oxycodone, methamphetamine, methadone and MDMA. I understand that the results of the drug test will be reported to Lake Regional, Mercy Lebanon Communities and GO CAPS.

Should the results of a laboratory confirmation test indicate the presence of a drug or drugs in my student's test, I give permission for the GO CAPS Executive Director to contact me (parent/legal guardian) to discuss the test results. I understand the Executive Director can offer and/or I may request the test results be reviewed by a Medical Review Officer (MRO) to determine if a legal medical explanation exists for the presence of a drug or drugs. If the MRO does not review test results, or if the MRO cannot verify a legitimate medical reason for the presence of a drug or drugs in the test result, the test will be deemed as positive. I further understand the decision of the MRO/GO CAPS will be final. I also understand that a positive test will result in my student being refused enrollment or dismissed from continuing participation in the GO CAPS program.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of parent/guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Printed name of minor child: \_\_\_\_\_  
DOB of minor child: \_\_\_\_\_  
Address: \_\_\_\_\_  
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