

ID: _____

ADRUGC

DATE: _____



DRUG TESTING PROGRAM

Student/Parent/Guardian Consent Agreement

Student Name (print) _____

_____ **High School Student**

_____ **Adult Student**

I understand that as a student I must participate in a drug screening at MTC.

I understand that I will be asked to submit to a urinalysis and/or hair screening administered at a random time during the school year.

As an adult student I understand that the cost for the drug test screening is \$35.00 and will be paid as part of my initial fees to MTC.

By signing this form, I affirm that:

I am aware of the Drug Screening Policy for MTC.

I have reviewed the procedures for the drug screening that are contained in this document and understand the test procedures, withdraw for a positive finding, and the right to challenge a positive finding.

I agree to allow an MTC designated certified drug screening company to test me when my random drug screening test time arises.

I understand that this consent form and the results of any drug screening tests are completely confidential and will only be shared with appropriate school personnel, and parents or guardians of high school students under the age of 18.

Student Signature _____ **Date** _____

If enrolled as a High School Student or if you are under 18 years old, the following is required.

Parent/Guardian Signature _____

Parent/Guardian Phone Numbers:

Home or Cell _____ **Work** _____

**NOTE: Complete the form-> download as a PDF attachment -> email to
mctstudentservices@manateeschools.net**

Please refer to the MTC student handbook and specific program policies for the consequences for positive drug test.