



CLIFFSIDE PARK PUBLIC SCHOOLS

Board of Education
Cliffside Park, New Jersey 07010

STUDENT VOLUNTARY RANDOM DRUG AND ALCOHOL CONSENT TEST FORM GRADES 7-12

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Cliffside Park Board of Education regarding the voluntary random drug and alcohol testing program.

I authorize the Cliffside Park Board of Education to conduct an Alcohol and Drug test on-site if my name is drawn from the random pool. Pursuant to the Student Random Alcohol and Drug Testing Policy, I authorize the following:

1. Cliffside Park Board of Education to release specimens to the testing laboratory (ies).
2. Test Laboratory(ies) to release test results to designated school nurse.
3. School nurse to release test results to the Cliffside Park Board of Education Student Assistance Counselor if there is a positive result. Please refer to Board Regulation 5131 for disciplinary actions and requirements if there is an infraction.
4. Cliffside Park Board of Education to release individual student name, parent's name and home-phone to school nurse regarding all positive drug test results.
5. My name will remain in the random drug testing pool until I graduate HS. If I chose to remove my name from the pool, I will submit a written withdrawal letter signed by my parents.

I understand that I may also be randomly drug tested throughout the remainder of the year.

Student Name (Please Print)

Year of Graduation

Student ID Number

Student Signature

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Parent/Guardian - Home Phone Number

Work Phone Number

Cell Phone Number

- All results are kept strictly confidential and are released only to those individuals named above.

