

FIRST PRESBYTERIAN DAY SCHOOL
STUDENT SUBSTANCE ABUSE AGREEMENT

I/We the undersigned parent(s) or legal guardian(s) of _____ hereby acknowledge that the First Presbyterian Day School ("First Presbyterian") Substance Abuse Policy has been reviewed by me/us and that I/we have received a copy of First Presbyterian's written policy statement.

We further acknowledge the following:

1. That I/we have been notified that the unlawful manufacture, distribution, dispensation, possession or use of alcohol, drugs, or other controlled substances is prohibited on First Presbyterian's property or during any school sponsored activities, and that violation of these prohibitions will subject my/our child to rehabilitation referral and/or discipline up to and including expulsion.
2. I/we understand as a condition of continued enrollment, my/our child will abide by First Presbyterian's Substance Abuse Policy, including the provision for random testing of all students. It is agreed and understood that if my/our child fails the drug and/or alcohol test by testing positive, s/he will be referred to a rehabilitation or substance abuse assistance program at my/our own expense, and/or disciplined in accordance with First Presbyterian's policy up to and including expulsion. Any refusal to be referred to rehabilitation will result in immediate expulsion. I/we further acknowledge and agree that if my/our child fails a second or follow-up drug and/or alcohol test, that s/he will be subject to immediate expulsion without the possibility of reinstatement. Also, it is agreed that if my/our child is convicted of a violation of a criminal drug statute, I/we will notify First Presbyterian within five (5) days of conviction.
3. That I/we acknowledge and consent freely and voluntarily to First Presbyterian's right to conduct unannounced searches for illegal drugs and alcohol on First Presbyterian property, in all facilities and vehicles on school property. It is understood that First Presbyterian has the right to inspect: lockers, desks, work areas, vehicles, and other containers and objects on First Presbyterian's property that might conceal illegal drugs or alcohol. I/We further acknowledge and consent freely and voluntarily to reasonable searches of my/our child's person and his/her personal property. It is understood that failure to cooperate fully with First Presbyterian in this regard will result in disciplinary action up to and including possible expulsion.

I/We the undersigned parent(s) or legal guardian(s) understand and agree to the above terms and conditions of attendance at First Presbyterian for the duration of my child's enrollment at FPD.

Student's Name _____ (Please Print) _____ Student Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____ Class of _____

FIRST PRESBYTERIAN DAY SCHOOL
STUDENT SUBSTANCE ABUSE POLICY
CHEMICAL SCREENING CONSENT AND RELEASE FORM

Student Name

Date

Street Address

City, State, Zip Code

Telephone No.

I/We the undersigned parent(s) or legal guardian(s) of _____ hereby acknowledge that I/we have been informed of First Presbyterian Day School's ("First Presbyterian") Substance Abuse Policy and agree on behalf of our child to be bound by this policy for purposes of his/her enrollment and/or continued attendance at First Presbyterian Day School for the duration of our child's enrollment. I/we also hereby state that, to the best of our knowledge, our child is not a user of controlled substances.

I/we, as the parent(s) or legal guardian(s) of the minor child, understand and consent freely and voluntarily to First Presbyterian's request for a urine or other specimen or sample from our minor child, if and when such request is made. I/we further state that consent given herein is valid for the entire time of enrollment, and that further notice or consent is waived.

I/we hereby release and hold harmless First Presbyterian, the medical review officer or other medical professionals, the laboratory, their employees, agents and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning our child's continued attendance at First Presbyterian Day School, based upon the results of the tests. I/we, as parent(s) or legal guardian(s) and on behalf of our minor child, consent to allow the laboratory, hospital, medical review officer or other medical professional to perform appropriate chemical tests for the presence of alcohol, drugs or other controlled substances. I/we give permission to First Presbyterian, any laboratory, hospital, medical review officer or other medical professional to release the results of these tests to First Presbyterian Day School and release any such designated institution or person from any liability whatsoever arising from the release of this information.

Parent/Legal Guardian Signature

Date

Student's Signature

Date

First Presbyterian Witness

Date

FIRST PRESBYTERIAN DAY SCHOOL
STUDENT SUBSTANCE ABUSE POLICY
CHEMICAL SCREENING CONSENT AND RELEASE FORM
(For those who obtain 18 years of age before May 31, 2018)

Name

Date

Street Address

City, State, Zip Code

Telephone No.

I hereby acknowledge that I have been informed of First Presbyterian Day School's (First Presbyterian's) Substance Abuse Policy and agree to be bound by this policy for purposes of my enrollment at First Presbyterian Day School.

I understand and consent freely and voluntarily to First Presbyterian's request for a urine or other specimen or sample if and when such request is made. I further state that consent given herein is valid for the entire time I am an enrolled student and that further notice is waived.

I hereby and hold harmless First Presbyterian Day School, the Medical Review Officer or other medical professionals, the laboratory, their employees, agents and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning my continued attendance at First Presbyterian, based upon the results of the tests. I consent to allow the laboratory, hospital, Medical Review Officer or other medical professional to perform appropriate chemical tests for the presence of alcohol, drugs or other controlled substances. I give my permission to First Presbyterian, any laboratory, hospital, medical review officer or other medical professional to release the results of these tests to First Presbyterian and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

I further authorize and give my permission to First Presbyterian Day School to release the results of these tests to my parent or guardian.

Student Signature
(If over the age of majority)

Date

First Presbyterian Official Signature