

YOUR ACTIVITY IS _____

DELAWARE VALLEY SCHOOL DISTRICT
236 ROUTE 6 & 209
MILFORD, PENNSYLVANIA 18337

2018-19

**DRUG AND ALCOHOL TESTING POLICY
GENERAL AUTHORIZATION**

I understand 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 Delaware Valley School District Board Policy #227.1 – Drug and Alcohol Testing for Co-curricular Participation, Driving, and Parking Permit Privileges. By signing this General Authorization, I hereby agree to participate in random drug testing for the duration of my participation in co-curricular activities, driving and parking privileges in the Delaware Valley School District.

I also authorize Delaware Valley School District to conduct a test on a urine or breath sample, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Delaware Valley School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Name (Please Print)

Student I.D. Number

Student Signature

Date

Parent or Guardian Signature

Date