

YOUR ACTIVITY IS _____

DELAWARE VALLEY SCHOOL DISTRICT

236 Routes 6 & 209

Milford, PA 18337

2024-2025

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 the 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 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 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