

Drug Testing Policy Authorization and Consent Form

**School City of Mishawaka
1402 South Main Street
Mishawaka, IN 46544**

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 School City of Mishawaka and the sponsors for the activity in which I participate.

In order to protect the health, safety, and welfare of the students and employees of the School City of Mishawaka, I hereby authorize and consent to the School City of Mishawaka conducting a test on an oral fluid specimen, which I provide to test for drugs and alcohol. I also authorize the release of information concerning the results of such a test to the School City of Mishawaka 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
Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____