EDISON HIGH SCHOOL
VOLUNTARY (RANDOM) DRUG TESTING PROGRAM FORM

REGARDLESS OF YOUR CHOICE TO GIVE CONSENT OR DECLINE TO HAVE YOUR CHILD PARTICIPATE IN THE VOLUNTARY DRUG TESTING PROGRAM AT EDISON HIGH SCHOOL, *THIS FORM MUST BE COMPLETED AND SIGNED BY BOTH PARENT/GUARDIAN AND STUDENT and RETURNED TO THE SUPERVISION OFFICE*. Please indicate your decision to have your student participate (YES) or not participate (NO) in the Voluntary Drug Testing Program at Edison High School.

CIRCLE YOUR CHOICE: **YES** **NO**

By circling YES, we hereby authorize Complete Drug Testing to collect a urine specimen from my child for drug testing. By circling NO, the card will be filed for record keeping purposes only. We understand the drug screen will be private *results are never given to school personnel - completely confidential* **and provided free of charge during the 2009-2010 school year.**

_____	_____	_____
Student Name	Student Signature	Date
		_____
		Grade
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

_____
Home Street Address City Zip

Parent/Guardian Home Phone: _____ Work Phone: _____

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Optional: I have enclosed a donation of _____ ($20 recommended) to help fund this very important program at Edison High School.

Mail this form (and donation) to the EHS Supervision Office @ 21400 Magnolia Street, Huntington Beach, CA 92646 or drop it off in the EHS Supervision Office by September 30, 2009.