



Kim Neese, Board President
Heath Murry, Executive Director
Tonya McIntosh, Athletic Director
Cullen Smith, Dean of Students
Lindsey Redd, Registrar

DRUG TESTING POLICY/CONSENT FORM

I understand that D'Arbonne Woods Charter School has a policy against the possession, use, sale, or transfer of illegal drugs. I further understand that D'Arbonne Woods Charter School has adopted a drug testing program for athletes as one method of implementing that policy. As a parent and/or guardian, I consent to have my child _____ participate in the drug testing program, to have my child tested, and to have the results released by the drug testing laboratory to the school administrator designated by D'Arbonne Woods Charter School.

I indemnify and hold harmless D'Arbonne Woods Charter School, the laboratory, their employees, agents, and representatives from any and all liabilities arising from the authorized release or use of the information derived from or contained in my child's test results.

Should my child test positive and such results are validated as positive by a confirmation test, I acknowledge that my child will be disciplined according to standards set forth by the policy. I understand that if a test/retest is positive on the second offense, my child will be ineligible to participate in D'Arbonne Woods Charter School athletic program for the remainder of his/her high school years.

I also understand that failing to sign this document will deny the admission, re-admission, or cause the dismissal of my child from D'Arbonne Woods Charter School athletic program.

Please Print Name of Parent/Guardian

School

Signature of Parent/Guardian

Date

I further acknowledge that I have read and understand the D'Arbonne Woods Charter School Student Drug Testing Policy. Located in the Student/Parent Handbook.