



Ashland County-West Holmes Career Center's goal is to prepare young people for college and the world of work. ACWHCC is pleased to offer a **voluntary** drug test to allow students the opportunity to prove to their peers, parents, and possible employers that they are living a drug free lifestyle. We would like to reward students who have made the decision and re-inforce drug free values in a positive empowering manner.



How the program works:

1. Read and sign the Informed Consent Agreement. The student must also sign this agreement.
2. Turn in the signed agreement and payment for the cost of the student drug testing. Identification of students may be required at the time of testing.
3. Upon completion of the testing, the Medical Review Officer will finalize results and will notify the parent/guardian and Drug Free Program liaison of any positive testing results. **Results will not be released to any other party without written consent of the parent/guardian.**
4. If a positive test result occurs, the parent/guardian may request counseling or follow up testing within the program.

Our **Drug Free Program** is available to any student who is enrolled within the district. ACWHCC will not attempt to diagnose substance abuse problems. We are not looking to punish students, we only want to provide another tool to parents and guardians in making informed decision on what might need to be done to help their children.

Make Checks Payable To: ACWHCC

Cost for Testing: \$20

ACWHCC Drug Free Program Testing Consent

Student Name _____ **Shirt size** _____

I understand that I will be drug tested with my parents' consent under the Drug Free Program student drug testing program. I understand this agreement is binding while I am a student in the school system.

Student signature _____ date _____

I understand that by signing this content form I will allow the school district to perform drug testing on my student, the results of which will be released to me and the Drug Free Program designated liaison.

Parent signature _____ date _____

Parent printed name _____ phone _____



We are asking to help support our students to help raise money for the students to RISE ABOVE DRUGS at school. The students are responsible for the cost of the initial drug test. We want students to feel that they, or someone in their life has some investment in their good decision to be drug free. We also reward students throughout the year with food, prizes, shirts, and a field trip to the trampoline park. The more money we raise the more we can reward these students for their choice to RISE ABOVE DRUGS.

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Cost for Testing: \$20

___ I would like to sponsor (student name) _____ x \$20 = _____

___ I would like to anonymously sponsor multiple students at \$20 each. No. of students ___ x \$20 = _____

___ I would like to donate money for rewards for the students. Amount of donation = _____

Total = _____

School use only:

Received by _____

Date submitted _____

Receipt given to student _____