

SUBSTANCE ABUSE CONSENT FORM

I (parent / guardian name) _____

as parent / guardian of (pupil's name) _____

Pupil's house _____

do hereby give permission for my son / ward to be tested at school for the presence of drugs, including steroids as part of a random testing programme.

I understand that the results of such tests are strictly confidential and will be disclosed only to myself, my son's Housemaster, and the Headmaster. In the case of steroids, the Director of Sport and his coach will be informed.

I understand that the tests are non-invasive (urine) tests carried out professionally and in private by qualified medical staff.

I understand that the costs of these tests will be borne by the school, except for the subsequent tests which will take place monthly in the event of my son testing positive for the presence of drugs, in which case such costs will be for my account.

Signed _____

Date _____

