



LACEY TOWNSHIP HIGH SCHOOL

A Tradition Of Pride · A Tradition Of Excellence

GREGORY BRANDIS
PRINCIPAL

September, 2018

Dear Parent/Guardian:

Once again, Lacey Township High School will sponsor the "Random Testing for Student Alcohol or Other Drug Use" program. This Board of Education Policy and Regulation enhances our ability to provide our students with a safe and drug free learning environment. In order for students to participate in interscholastic athletics and/or extracurricular activities or obtain a parking permit, students and their parents must sign and return the attached consent/policy acknowledgement form. Parents who choose to voluntarily enroll their children into the program may also sign and return the consent form.

Information regarding the Lacey Township School District Random Testing for Student Alcohol and Other Drug Use program can be found on our website. Please navigate to laceyschools.org, navigate to the your parent portal and open the 2018/2019 Back to School paperwork under the documents tab on the high school site. Acknowledgment of receipt of these documents will be required for this and a few additional forms.

We ask your assistance in completing the paperwork in a timely manner. The "Consent to Participate in Random Testing" found on the back of this letter, must be signed by both the parent and student and returned to the high school. All forms will be collected during homeroom and will be delivered to the main office. Students participating in fall interscholastic athletics and/or extracurricular activities must submit a signed consent form by September 15th in order to continue participation.

Thank you for your continued support and commitment in establishing a safe and healthy school environment so that our students can learn and reach their full potential.

If you have any questions or concerns about this new policy, please contact me at (609) 971-2020.

Sincerely,

Gregory Brandis
Principal



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PRINCIPAL

Consent to Participate in Random Testing for Student Alcohol or Other Drug Use Program

Student Name (Please Print) _____ **Grade** _____

We hereby consent to permit the above named student to participate in the **Random Testing for Student Alcohol or Other Drug Use Program** as approved by the Lacey Township School District. In issuing consent, we permit the student above named to undergo random urinalysis testing for the presence of alcohol or other drugs as outlined in district policy.

We understand that a qualified vendor will oversee the collection process.

We understand that any urine samples will be sent only to a certified laboratory for testing and that the samples will be coded to provide confidentiality.

We hereby give consent to the vendor selected by the Lacey Township School District to perform urinalysis testing for the presence of alcohol or other drugs as named in district policy.

We further give permission to the vendor selected by the Lacey Township School District to release all results of these tests to the Medical Review Officer working for the vendor.

We understand these results will be forwarded to the Building Principal and will also be made available to us. We understand that this consent agreement will be in effect for a period of twelve months from the date listed below.

We understand that the urinalysis conducted will include the following substances and be based on the following levels:

<i>Substance</i>	<i>Screen/Initial Level</i>	<i>Confirmation Level</i>
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/ml
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITES	20 ng/ml	15 ng/ml
OPIATES	300 ng/ml	300 ng/ml
PCP	25 ng/ml	25 ng/ml
BARBITURATES	300 ng/ml	300 ng/ml
BENZODIAZEPINES	300 ng/ml	300 ng/ml
METHADONE	300 ng/ml	300 ng/ml
PROPOXYPHENE	300 ng/ml	300 ng/ml
OXYCODONE/OXYMORPHONE	100 ng/ml	100 ng/ml
ALCOHOL, URINE	0.02 ng/ml	0.02 ng/ml

STUDENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____