WAGONER PUBLIC SCHOOLS

DRUG TESTING PROGRAM

Parental Consent Form

Donor Name:_____ Date of Birth:_____

I,_____ being the parent or legal guardian of,

_____ hereby consent to have a urine drug screen specimen taken by Weaver Drug Testing Lab. I understand that it will be used for drug analysis and biochemical testing by Weaver Drug Testing Lab at Wagoner High School. The result of the test(s) on these specimens will be made available to Wagoner Public Schools and or person who paid for services and their authorized personnel. I understand that Wagoner Public Schools will only accept drug testing results from Weaver Drug Testing Lab. I also understand that failure to participate in this program will forfeit the above listed donor's privilege of participation in extracurricular activities for Wagoner Public Schools.

I hereby consent as stated above and certify the information I have provided is accurate to the best of my knowledge.

Signature of Donor:_____ Date:_____

Printed Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____ Date:_____

**The Wagoner Public Schools Drug Testing Program can be found on the school website.*