



STUDENT DRUG POLICY AND TESTING CONSENT

Statement of Purpose and Intent

This form is intended as your agreement with OCS to the commitment to create an environment at OCS which is free from the abuse of drugs and alcohol. This form is also evidence of your understanding of and consent to the comprehensive *Policy for a Drug and Alcohol Free Campus*, adopted by the OCS Board of Directors. A copy of the policy is either included with this form or is available on the school website, or can be delivered to you if you so request. Though there are consequences for any violation of this policy, you should keep in mind that this policy has as its core objective to prevent rather than to punish the abuse of drugs and alcohol.

Your consent, below, includes consent to agree to drug and alcohol testing as permitted under the policy. The consent itself does not contain all the terms, conditions and consequences of the policy. Therefore, you must read the policy and the consent carefully, discuss any questions you might have with OCS administration, be certain you understand the policy, then sign and date this consent form where indicated, below. The signature of a parent or guardian of an OCS student or prospective OCS student is a prerequisite to the student being admitted for classes at OCS.

Understand and Consent: PLEASE PRINT

Student's Last Name	First Name	Middle Initial
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I understand after having read the *Policy for a Drug and Alcohol Free Campus* and "Student Drug Policy and Testing Consent," that, out of care for my safety and health, OCS enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon the school with which I am associated. If I choose to violate school policy regarding the use of drugs or alcohol any time while I am a student at OCS, I understand I will be subject to the consequences outlined in OCS policy.

Signature of Student	Date
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I/we are the parent(s) or custodial guardian of the above-named student of OCS. I/we have read and understood the OCS *Policy for a Drug and Alcohol Free Campus* and this "Student Drug Policy and Testing Consent, " I/we desire that the student named above be a student at OCS, and I/we hereby agree that the student and I/we will be subject to the terms and consequences of the policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program, including the consequences for a violation of the policy, as deemed appropriate by OCS under the terms of the policy. We understand that OCS will protect the confidential nature of information gathered on the student, but further understand, agree and consent to the disclosure of the information, sampling, testing and results which will be necessary to carry out the requirements of the policy.

Signature of Parent or Custodial Guardian	Date
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Signature of Parent or Custodial Guardian	Date
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