

YOUR ACTIVITY IS \_\_\_\_\_

DELAWARE VALLEY SCHOOL DISTRICT  
236 ROUTE 6 & 209  
MILFORD, PENNSYLVANIA 18337

**2014 - 2015**

**DRUG AND ALCOHOL TESTING POLICY  
GENERAL AUTHORIZATION**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Delaware Valley School District Board Policy #227.1 – Drug and Alcohol Testing for Co-curricular Participation, Driving, and Parking Permit Privileges. By signing this General Authorization, I hereby agree to participate in random drug testing for the duration of my participation in co-curricular activities, driving and parking privileges in the Delaware Valley School District.

I also authorize Delaware Valley School District to conduct a test on a urine or breath sample, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Delaware Valley School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student I.D. Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date