

Paradise Valley
Unified School District
(PVUSD)

Permission to Include Student in Voluntary, Random Drug-testing Program

I _____ request that my son/daughter,
(parent/guardian name)
_____, be included in the PVUSD voluntary, random
(student name)
drug-testing program for non-Arizona Interscholastic Association students.

I understand results of the tests will be kept confidential, known only by the principal and the district's director of student services. I further understand that positive test results will not result in any disciplinary action at the school and the police will not be involved in any way.

I understand this permission may be revoked at any time in writing to the principal at my child's school.

Parent/guardian signature
(This form must be signed in the presence of a school employee after picture ID is provided.)

Date

OR

Executed this _____ day of _____, 20____.

Signature of Notary _____

The form must be delivered or mailed to the school principal, not hand carried by a student.