



# CROSSROADS CHRISTIAN SCHOOL

## Consent to Drug Testing

### 8<sup>th</sup> – 12<sup>th</sup> Grades

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I, \_\_\_\_\_, give permission for Crossroads Christian School to conduct a drug test on my child, \_\_\_\_\_. I understand that my child will be expected to furnish his/her saliva for analysis. I understand that if my child tests positive for drugs, he/she will be subject to immediate expulsion. I understand and agree that if, at any time, my child refuses to submit to a drug test, or if my child otherwise fails to cooperate with the testing procedures, my child will be dismissed from Crossroads Christian School.

I understand that Crossroads Christian School will conduct drug tests randomly throughout the school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date