



Central Arkansas Christian
S C H O O L S

Substance Screening Authorization and Release

I understand that, as a condition for enrolling my child in Central Arkansas Christian's secondary program, my child will be subject to drug screening during the school year. Therefore, I hereby consent to have a hair or urine specimen taken from my child and understand that it will be used to obtain a drug analysis, for the purpose of determining the drug content thereof.

I agree that a professional drug-screening specimen collector designated by CAC may collect this specimen for the test and may forward the specimen to a certified testing laboratory designated by Central Arkansas Christian Schools.

I further agree to and hereby authorize the release of the results of said test to Central Arkansas Christian. Should the results of the laboratory test for the specimen be confirmed positive, I understand that a medical review officer will contact me to ask about prescription and over-the-counter medications my child may have taken.

I further agree to hold harmless Central Arkansas Christian Schools and its agents (including the collection agency used to obtain the sample, the lab used to perform the test, and the medical review officer used to review the positive results) from any liability arising in whole or in part out of the collection of such specimens, testing, and use of the information from said testing in connection with Central Arkansas Christian School's consideration of my child's enrollment.

I further understand and agree that this authorization will be in full force and effect during my child's enrollment at Central Arkansas Christian.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read this *Authorization and Release* and fully understand its contents.