



VERMILION CATHOLIC HIGH SCHOOL

425 Park Avenue † Abbeville, Louisiana 70510
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2016-2017 Substance Abuse/Misuse Contract and Consent Form

As a student at Vermilion Catholic High School I, _____ acknowledge that I have read the Substance Abuse Testing Policy and Drug Detection Policy of Vermilion Catholic High School and agree to abide by those policies and be subject to the rules and procedures contained in each of them. I agree to avoid the abuse or misuse of legal or illegal substances. I hereby grant permission to be tested for substance abuse/misuse during the 2016-2017 school year. I furthermore agree to cooperate by providing a urine specimen for testing upon the request of my school administration. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in the Substance Abuse Testing Policy.

I, _____ (Parent/Guardian) of the undersigned student, individually, and on behalf of my child, do hereby acknowledge that I have read the Substance Abuse Testing Policy and Drug Detection Policy of Vermilion Catholic High School and agree to abide by those policies and that my child will be subject to the rules and procedures contained in each of them. I grant permission for and consent to said child being tested for substance abuse/misuse in accordance with Vermilion Catholic High School's Substance Abuse Testing Policy. I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, he/she will be subject to action specified in that policy.

The undersigned do hereby authorize Vermilion Catholic High School to have the test administered and recognize that the refusal and/or failure of a student to submit to a requested search or a drug screen will result in the student's dismissal from Vermilion Catholic High School.

Date: _____

Student: _____
Current Grade Level 2015-2016: _____

Date: _____

Parent/Guardian: _____