



# LACEY TOWNSHIP MIDDLE SCHOOL

*A Tradition Of Pride · A Tradition Of Excellence*

JASON KING  
PRINCIPAL

September, 2019

Dear Parent:

I want to take this opportunity to thank you for your interest in the Lacey Township Middle School Voluntary Drug and Alcohol Testing Program. We believe this program will offer families another tool to identify members of our school community who are in need of help and provide your child with just one more reason to say "no" to drugs and alcohol. We are pleased to announce that the random drug and alcohol testing will begin this month and will continue throughout the school year.

The testing procedure will take place as follows:

1. The testing contractor will randomly select students to be tested.
2. The selected names will be sent to me so I can verify that a permission slip is on file for those students.
3. On the day of testing, a counselor will escort the students individually to a testing area in the nurse's office, which will be closed during the testing.
4. A Certified Collection Agent from the testing contractor will oversee the collection of the sample from the student. The student will be given a paper receipt and will return to class.
5. The results of the test will be forwarded to me. In the case of a positive result, you will be contacted by a certified medical review officer to discuss the test results. If necessary, you will receive a follow-up call from me.

Once again, thank you for your participation in this program. If you have received this letter in error and do not want your child to participate in the program or have any other questions or concerns, please feel free to contact me.

Sincerely,

Jason R. King  
Principal

JRK/ljb



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**JASON KING**  
PRINCIPAL

**Consent to Participate  
Lacey Township Middle School Voluntary  
Random Testing for Student Alcohol or Other Drug Use Program**

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

We hereby consent to permit the above named student to participate in the Middle School Voluntary Random Testing for Student Alcohol or Other Drug Use Program as approved by the Lacey Township School District. In issuing consent, we permit the student named above to undergo random urinalysis testing for the presence of alcohol or other drugs as outlined in district policy.

We understand that a qualified vendor will oversee the collection process.

We understand that any urine samples will be sent only to a certified laboratory for testing and that the samples will be coded to provide confidentiality.

We hereby give consent to the vendor selected by the Lacey Township School District to perform urinalysis testing for the presence of alcohol or other drugs as named in District policy.

We further give permission to the vendor selected by the Lacey Township School District to release all results of these tests to the Medical Review Officer working for the vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that this consent agreement will be in effect for a period of twelve months from the date tested below.

We understand that the urinalysis conducted will include the following substances and be based on the following levels.

Substance	Screen/Initial Level	Confirmation Level
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/ml
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITE	20 ng/ml	15 ng/ml
OPIATES	300 ng/ml	300 ng/ml
PCP	25 ng/ml	25 ng/ml
BARBITURATES	300 ng/ml	300 ng/ml
BENZODIAZEPINES	300 ng/ml	300 ng/ml
METHADONE	300 ng/ml	300 ng/ml
PROPOXYPHENE	300 ng/ml	300 ng/ml
OXYCODONBOXYMORPHONE	100 ng/ml	100 ng/ml
ALCOHOL, URINE	0.02 ng/ml	0.02 ng/ml

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_