GREATER ALTOONA CAREER & TECHNOLOGY CENTER
DRUG AND ALCOHOL STUDENT TESTING & CONSENT TO TEST FORM

I hereby give permission for the Greater Altoona Career & Technology Center, through its authorized laboratory, to perform a urine drug screen on my son/daughter. Students are chosen (a) upon reasonable suspicion or (b) prior to cooperative education employment for this test. All students are required to submit a signed Consent to Test Form to maintain enrollment at the GACTC.

I understand that those students who test positive will undergo mandatory counseling and will be tested again. I also consent to such counseling and retesting. I further understand that students who refuse to submit to a random test shall be considered as if he or she had tested positive.

The Greater Altoona Career & Technology Center is committed to providing a safe, drug-free school environment. We appreciate your support, encouragement, and cooperation. You will be notified prior to testing and provided the opportunity to be present while your son or daughter is being tested. The costs of the tests and any necessary retest will be provided by the Greater Altoona Career & Technology Center. The test results will be confidential. The drug testing shall be conducted in compliance with the Drug and Alcohol Testing Policy established by the Greater Altoona Career & Technology Center.

I also give permission for an alcohol breathalyzer test to be administered based upon reasonable suspicion.

BOTH THE STUDENT AND A PARENT OR GUARDIAN MUST SIGN THIS FORM.

This document will be signed electronically.
BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO THE POLICY

This consent to test form is for: _____
Student's Name

_____ _____
Program Sending School

_____ _____
Parent/Guardian Name Primary Parent Contact Phone Number

Primary Contact Address:

_____

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

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