



# ORLANDO CHRISTIAN PREP PARENT CONSENT & RELEASE FORM DRUG PREVENTION/TESTING

As a parent of an Orlando Christian Prep (OCP) middle or high school student, during his/her entire academic career at OCP, I understand and consent to the enforcement of the Drug Testing Policy.

I understand and agree that the purpose of OCP's drug testing program is non-punitive. The reason for this testing is to provide a safe environment for all our students and to help our students, and their families, deal with the challenging problem of alcohol and illegal drug abuse in today's society. We would rather help our students in prevention than to witness the effects of a life struggling with addiction. We believe with parental support and, if needed, the professional services of a Third Party Administrator for Drug and Alcohol Screening, we will be providing our students with the tools to become "world changers" for Christ.

I, \_\_\_\_\_ authorize OCP, along with a Third Party Administrator  
*(parent/guardian printed name)*

for Drug and Alcohol Screening, to provide testing for illegal or improper drug usage and/or alcohol by my student. I understand that the fee for drug testing has been included in our tuition, each year. All other random and/or follow up drug and/or alcohol testing will be billed to our ParentsWeb account.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian (Clearly Printed Name)

### Student(s) Name (Printed Clearly)

\_\_\_\_\_  
Grade upon signature \_\_\_\_\_  
\_\_\_\_\_  
Grade upon signature \_\_\_\_\_  
\_\_\_\_\_  
Grade upon signature \_\_\_\_\_  
\_\_\_\_\_  
Grade upon signature \_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address