



VOLUNTARY RANDOM DRUG TESTING PROGRAM
2010-2011 ENROLLMENT FORM

Regardless of your choice to give consent or decline to have your child participate in the Voluntary Random Drug Testing Program at Hawai'i Preparatory Academy, this form MUST be completed and signed by both parent/guardian and student prior to the start of each school year.

Please indicate your decision to have your child participate (YES) or not participate (NO) in the Voluntary Random Drug Testing Program at Hawai'i Preparatory Academy.

INITIAL YOUR CHOICE

_____ **YES** - *By selecting YES, we hereby authorize the nurses in HPA's Health Service Department to confidentially collect a urine specimen from my child for drug testing.*

_____ **NO** - *By selecting NO, the card will be filed for record-keeping purposes only.*

We understand the drug screen will be private (see attached) and provided free of charge during the 2010-2011 school year.

STUDENT - Print Name: _____ Grade: _____

Signature: _____ Date: _____

PARENT/GUARDIAN 1 - Print Name: _____

Signature: _____ Date: _____

Home Address: _____

City/State/Zip/Country: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

PARENT/GUARDIAN 2 - Print Name: _____

Signature: _____ Date: _____

Home Address: _____

City/State/Zip/Country: _____

Home Phone: _____ Work Phone: _____

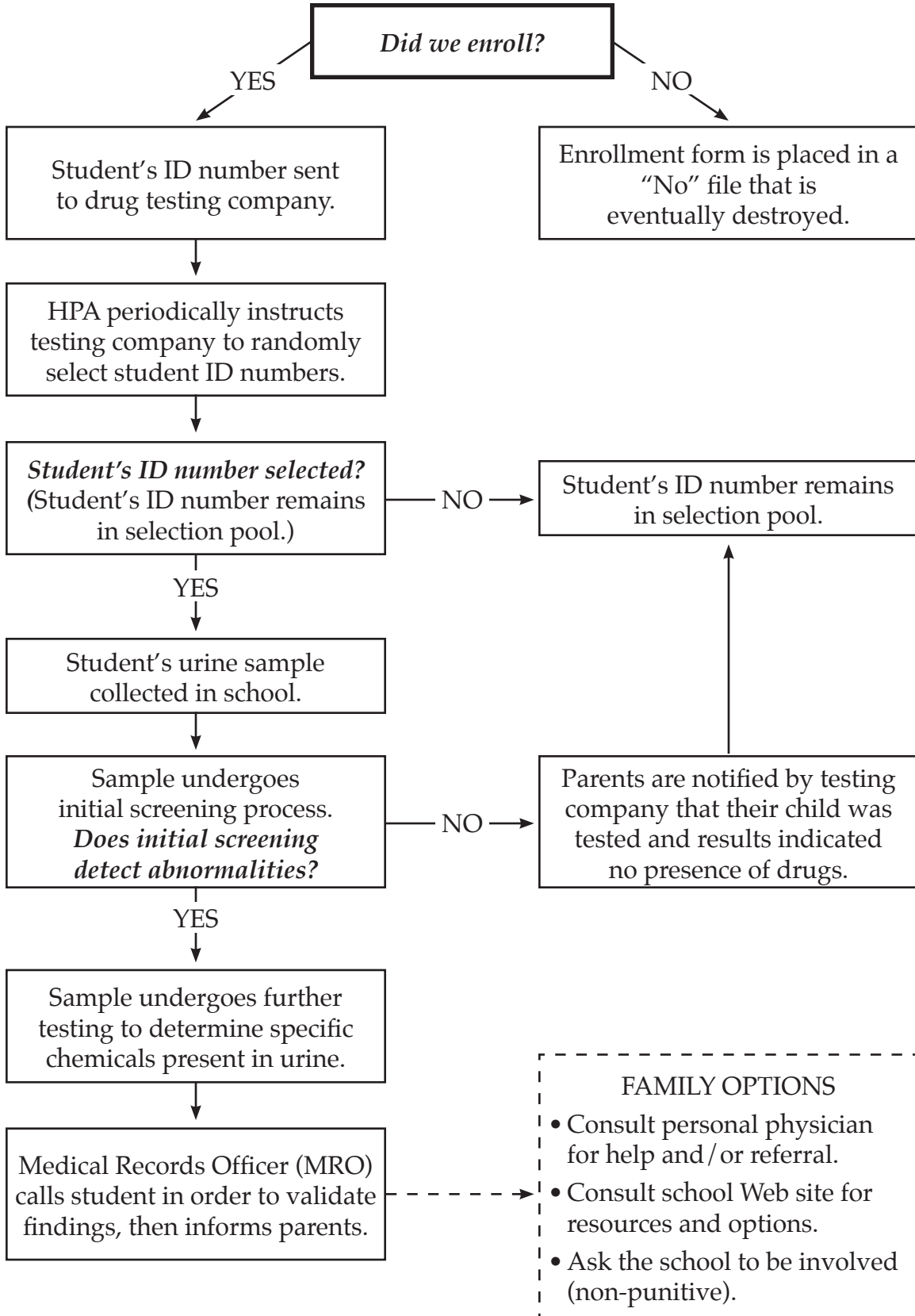
Cell Phone: _____

Please return your completed form by June 30, 2010 to:

Carolyn Jarvill, RN, Chief Nurse
Health Services – Hawai'i Preparatory Academy
65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743



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If you choose NOT to participate in this program, please initial NO on the form, and return it by June 30.

For those volunteering to participate:

1. Initial YES on the form, and return it by June 30.
2. Students who sign up for the program will have a student ID number sent to Diagnostic Laboratory Services (DLS).
3. Periodically Hawai'i Preparatory Academy will contact DLS to randomly select a number of students to be tested.
4. Students will provide the specimen in a private site on campus.
5. Parents will be notified by DLS if the student chooses not to be tested.
6. The specimen will then be transported to the laboratory by HPA nurses.
7. Results of the test will be available to the parents from DLS within **five days or less**.
 - a. **Negative Result:** Notification of a negative result will be mailed home. DLS will attempt to make contact by phone as well. No contact will be made with HPA.
 - b. **Positive Result:** Notification of a positive result will be made by a medical review officer from the lab that will conduct further testing to confirm the result. No contact will be made with HPA.
8. If your child tests positive, follow up counseling is available through resources listed on the school Web site or through your primary care physician. Please see the list of available counseling sources on our Web site for additional information (www.hpa.edu).
9. All results are **CONFIDENTIAL**, and you will be given the only copy of the results.

REMINDER: School administrators, teachers, or coaches WILL NOT have any knowledge of the test results. All results are strictly CONFIDENTIAL.