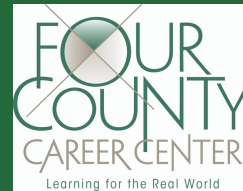


DRUG FREE CLUB MEMBERSHIP FORM

Complete the form below to sign up for membership to
Four County Career Center Drug Free Club.



DRUG FREE CLUB

MORE INFORMATION

(419) 267-2237 (Job Placement Office)
www.fourcounty.net

Four County Career Center is pleased to provide affordable access to student drug testing at the request of the parents or legal guardian. Results are 100% confidential and reporting goes directly to the parents. The program provides peace of mind for parents/guardians and an "out" for teens.

How the Program Works:

1. Read and sign the Informed Consent Agreement. The student must also sign this agreement.
2. Turn in the signed agreement and payment for the cost of the student drug testing.
3. Upon completion of the testing, the Medical Review Officer will finalize results and will notify the parent/guardian of any positive testing results. Results will not be released to any other party without written consent of the parent/guardian.
4. If a positive test result occurs, the parent/ guardian may request counseling or follow up testing within the program.
5. Students will be tested at least once initially, and subject to random tests throughout the school year.

Benefits for Students:

1. Get REWARDED for your drug-free lifestyle!
2. Resume/Application booster! As a member, you will stand out amongst your peers when applying for jobs.
3. Members have an "out" if they find themselves in drug situations, "I can't, I never know when I'll be tested."

Cost: \$10/Student

Thanks to generous donors, Four County Career Center offers Drug Free Club Membership at a discounted rate.

*Make Checks Payable To: Four County Career Center

DRUG FREE CLUB INFORMED CONSENT AGREEMENT

Student Name : _____ Grade : _____

- I understand that I will be drug tested with my parents' consent under the Volunteer Drug Free Club student drug testing program. I understand this agreement is binding during the 2022/2023 school year.

Student Signature : _____ Date : _____

As A PARENT/GUARDIAN/CUSTODIAN:

- I understand that by signing this consent I will allow the school district to perform drug testing on my son or daughter, the results of which will be released to me and the Medical Review Officer.

Parent/Guardian/Custodian Signature :

_____ Date : _____

Address : _____

Phone Number : _____