

Permission for Drug Screening

It is a requirement for any student completing an externship that they submit to random drug screening tests. Please note this is not a requirement from Canyons School District but is a requirement for any person working within a medical facility.

Your student is currently required to complete an externship. Since the students are still high school age, we need parental permission for the student to be drug tested. Your signature below indicates you understand the requirement and will give permission for your son/daughter to have this procedure completed. Each random drug test will require a urine sample. Students will be contacted if they are absent on the day of the testing. They will be required to report to the school or a medical facility within 24 hours to provide a sample for screening. Failure to do so is treated as a failed exam and the student will be removed from the program. Sickness or being out of town does not qualify as an excuse to miss the screening. Passing results will be shared with externship sites as proof of compliance. Attempts to mask or alter the results will be treated as a failed test. Any student who fails the drug testing will be removed from the program.

Permission for Drug Screening:

I give permission for my student to be drug screened in order to participate in the required student externship.

Student Name _____

Parent/ Guardian Name _____

Parent / Guardian Signature _____ Date _____