

BREATHALYZER PARENT CONSENT FORM

ALCOHOL TESTING CONSENT FORM PER POLICIES;

3370 - Searches and Seizure

3410 - School Sponsored Student Activities

On behalf of my student/**guest student** of Lakeland Joint School District #272 (name of student) _____,

I, _____, **the parent/guardian/custodian of above student**, hereby give my consent to authorize Lakeland Joint School District #272 administrators, SROs, and ADSS faculty to determine the absence or the presence of alcohol in my student's body through the use of breathalyzers at any LJSD school sponsored student activity, prior to entry of school sponsored activities.

- **[SCHOOL SPONSORED ACTIVITY]**
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(Does the Board want to include all activities or specified school sponsored events?)

I further understand that a positive test, refusal to authorize this form, or refusal to take the test, may result in disciplinary action up to and including dismissal of said school sponsored activity and property. I understand that any positive test administered will result in parent contact following the positive test, refusal of authorized form, or refusal from my student to take the test. [1] [SS2]

Parent Signature _____

Print _____

Date _____