

2009-2010
BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL
DRUG POLICY FOR STUDENTS
CONSENT AND RECEIPT OF INFORMATION FORM

I understand that it is the policy of Bishop McGuinness Catholic High School to prohibit student use, possession, sale or transportation of illegal drugs, alcoholic beverages, or drug paraphernalia. In addition, school policy prohibits a student from being under the influence of drugs or alcohol while on the school premises or while attending any school-sponsored activity.

I also understand that as a member of the Bishop McGuinness Catholic High School community, my child will be subject to all random and reasonable suspicion drug testing procedures as outlined in the school's Drug and Alcohol Policy.

I confirm that I have received and have read the Bishop McGuinness Drug and Alcohol Policy.

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____ Telephone # _____