

**Benton Academy**  
**Consent to Drug and Alcohol Testing**

As a condition of my (our) child/children attending Benton Academy, I (we) understand that my (our) child/children must not use or be involved in illicit or inappropriate drug or alcohol use. I (we) understand that this policy does not apply to medication taken as prescribed by a licensed physician.

I (we) understand and agree that my (our) child/children may be required to submit to urinalysis testing for detection of prohibited substances and testing for alcohol. I (we) understand that my (our) refusal to consent to testing when requested to do so will result in my (our) child/children being withdrawn from Benton Academy.

My (our) signature gives consent for my (our) child/children to be tested.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

I (we) verify that I (we) am (are) the legal custodial parent/joint legal custodial parent/legal guardian of the above named student.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**