

**SELF-REPORTING  
RANDOM DRUG TESTING  
USD #421 LYNDON**

**AS A STUDENT:**

I understand that a student/parent/guardian/custodian may self-report a student's drug usage at any time before the random drug test.

- I understand that self-reporting drug usage prior to the random drawing may be used only **once** throughout middle and high school attendance.
- I understand consequences may be avoided by self-reporting to the Principal or Superintendent.
- I understand that a self-referral can only be used prior to a first offense under this policy.
- I understand that a subsequent positive test result will count as a second positive test.

The Principal or Superintendent will provide a list of Certified Chemical Dependency Professionals to the student and parent/guardian/custodian.



Self-reported prior to random drug test.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian/Custodian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Principal or Superintendent Signature

\_\_\_\_\_  
Date