



# KINGSWAY REGIONAL SCHOOL DISTRICT

*Committed to Excellence*

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*Dr. James J. Lavender*  
Superintendent of Schools

*Mrs. Patricia Calandro*  
Chief Academic Officer

*Mr. Jason Schimpf*  
School Business Administrator.

## KINGSWAY VOLUNTARY STUDENT ALCOHOL & DRUG TESTING CONSENT

Dear Parent(s)/Guardian,

The Kingsway Regional School District implemented a “*Random Testing for Student Alcohol or Other Drug Use*” program beginning with the 2017-18 school year. This program, as established through Board of Education Policy, enhances the District’s ability to provide our students with a safe and drug free learning environment. Information regarding the Kingsway regional School District Random Testing for Student Alcohol and Other Drug Use program can be found on our website. Please navigate to the districts [Alcohol and Drug Prevention webpage](#).

In order for students to participate in interscholastic athletics and/or extracurricular activities, school dances (i.e. general school dances, Welcome Back Dance, Homecoming, Prom, etc.) or obtain a parking permit, students and their parents must agree to the testing policy. Full policy details are linked below.

[Policy 5536 Random Drug and Alcohol Testing](#)  
[Regulation 5536 Random Drug and Alcohol Testing](#)

By agreeing to the policy:

- You permit your student to undergo random urinalysis testing for the presence of alcohol or other drugs as outlined in district policy.
- You understand that a qualified vendor will oversee the collection process.
- You understand that any urine samples will be sent only to the certified laboratory for testing and that the samples will be coded to provide confidentiality.
- You hereby give consent to the vendor selected by the Kingsway Regional School District to perform urinalysis testing for the presence of alcohol or other drugs as named in district policy.
- You further give permission to the vendor selected by the Kingsway Regional School District to release all results of these tests to the Medical Review Officer working for the vendor. We understand these results will be forwarded to the Superintendent and will also be made available to us.

*Home of the Dragons*

- You understand that this consent agreement will be in effect for the duration of my child's enrollment at Kingsway Regional School District, Or until written notice of revocation of this consent is given to the Superintendent of Schools.
- You understand that if student refuses to test, or who is determined to have tampered with a sample, will be deemed to have a positive test result and will be subject to the appropriate provisions of a positive test result.
- You understand that if student who is randomly selected to be tested, but is absent on the day of testing, will have a sample collected on the next random testing date.
- You understand that the urinalysis conducted will include the following substances and be based on the following levels:

<b>Substance</b>	<b>Screen/Initial Level</b>	<b>Confirmation Level</b>
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/ml
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITE	20 ng/ml	15 ng/ml
OPIATES	300 ng/ml	300 ng/ml
PCP	25 ng/ml	25 ng/ml
BARBITURATES	300 ng/ml	300 ng/ml
BENZODIAZEPINES	300 ng/ml	300 ng/ml
METHADONE	300 ng/ml	300 ng/ml
PROPOXYPHENE	300 ng/ml	300 ng/ml
OXYCODINE/OXYMORPHONE	100 ng/ml	100 ng/ml
ALCOHOL, URINE	0.02 ng/ml	0.02 ng/ml

