



UNITED HERZLIA SCHOOLS

בתייה"ס המאוחדים הרצליה

RANDOM DRUG TESTING CONSENT FORM

I/We.....

.....

the parent(s)/legal guardian(s) of.....

in Grade

our dependant, have read and understood the United Herzlia Schools' policy statement on the necessity for random urine testing for pupils attending the school.

I/We, on behalf of our dependant, acknowledge that the implementation of the policy will involve the urine testing of said dependant on a random basis and we hereby

<input type="checkbox"/>	GIVE OUR CONSENT THERETO
<input type="checkbox"/>	WITHHOLD OUR CONSENT THERETO

[Please tick the appropriate box above.]

Dated at:..... on this day of20.....

Signed:.....(father/guardian)

Signed:.....(mother/guardian)