



DRUG & ALCOHOL TESTING POLICY

1. All High School students and parents must sign the permission form allowing drug and alcohol screening for their children. These screenings may involve saliva swabs, collecting urine samples, cutting hair samples, or any other recognized screening mechanism.
2. YGW assumes the cost for all drug and alcohol screenings that have a negative result.
3. A student abusing alcohol or using drugs, whether alone or with others, at any point during the school year - **even outside of school** - is subject to expulsion.
4. We reserve the right to test any student at any time for alcohol or drug use. Any student refusing to submit to such testing will be expelled.
5. If a student reveals his/her involvement in substance abuse to an administrator prior to being tested, YGW will regard this as a request for help and an honest attempt to take a step to prevent any recurrence of this type of behavior. In this case, the student will be referred to our "Student Advocate Program" for follow-up counseling. The advocate program entails the following components:
 - a. A formal, complete drug and alcohol screening, with follow-up counseling, as mandated by YGW.
 - b. The student's counselor will be required to share updates with the school on the student's progress.
 - c. The cost of all screenings and counseling will be assumed by the parents.
 - d. Follow-up testing for alcohol and drugs throughout the school year. If a student fails a subsequent test, he/she will automatically be expelled.
 - e. Failure to complete any one of these steps will result in automatic expulsion.
6. We are committed to helping each of our students, as long as the safety and health of other students are not compromised.

PERMISSION FOR DRUG & ALCOHOL TESTING

We have read the YGW Drug & Alcohol Policy.

I give permission for my son/daughter _____
to participate in alcohol and drug testing, at the discretion of the school administrators. This agreement will be binding as long as my son/daughter is enrolled in YGW.

Parent's Signature _____ Date: _____

Print Name: _____

Student's Signature _____ Date: _____

Print Name _____

(Please complete both sides)



Student Name: _____ **Date of Birth:** _____

Please list any drugs/medication/supplements that your child is currently taking. This includes both prescription and non-prescription medications, vitamins and herbal supplements, etc. that are taken either in or out of school. Please also include the dosage of each item. We need all information that you can provide, as any of the above may alter the results of your child's drug test. This information is 100% confidential and will only be used for the purpose of this test.

Drugs/Medications/Supplements/Vitamins	Dosage

(Please complete both sides)