

**HOLY SAVIOR MENARD CENTRAL HIGH SCHOOL**

4603 Coliseum Blvd.

Alexandria, La 71303

Phone: (318) 445-8233 FAX: (318) 448-8170

**CONTRABAND CONTROL AND DRUG POLICY FORM**

I understand that Holy Savior Menard Central High School has a policy against the possession, use, sale, or transfer of illegal drugs and tobacco. I further understand that Holy Savior Menard Central High School has a policy against use and/or possession of contraband, including firearms, knives, weapons and other related items.

I further understand that Holy Savior Menard Central High School has adopted a drug policy which includes the potential of a student being searched on the person, personal affects, lockers, desks, vehicles, personal baggage and/or any other item or property on school premises, including searches by trained K-9 units.

I further understand that Holy Savior Menard Central High School has adopted a school-wide drug testing program as one method of implementing this policy. As a parent and/or guardian, I

consent to my child, \_\_\_\_\_ (Grade (Entering) \_\_\_\_\_), participating in the drug testing program, to the testing of my child, and release of results by the drug testing laboratory to the school administrator designated by the school.

I agree to indemnify and hold harmless Holy Savior Menard Central High School, representatives thereof, the laboratory, their employees, agents, and representatives from any and all liabilities arising from the authorized release or use of the information derived from or contained in my child's test results.

Should my child be found with any illegal drugs, tobacco and/or contraband, I understand the penalties will be invoked in accordance with school policy. I further understand that should my child test positive for illegal drugs and such results are validated as positive by a confirmation test, I acknowledge that my child will be retested in one hundred (100) days at my expense. I understand that if the retest is positive, my child will be dismissed from Holy Savior Menard Central High School. I also understand that if my child tests positive during two consecutive years, my child will be dismissed from Holy Savior Menard Central High School.

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

(Please Print)

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN

(Signature)

DATE: \_\_\_\_\_