

## Parental Approval for Student Drug Analysis

I, the undersigned parent or legal guardian of the student named below, hereby provide my consent for my child to participate in a drug analysis conducted by the school authorities.

Student Name:

Grade/Year Level:

Parent/Guardian Name:

Contact Number:

By signing below, I confirm that I understand the nature and purpose of the drug analysis and voluntarily give my approval for my child to undergo this test.

Parent/Guardian Signature:

Date:

Submit