

**International Drug Free Youth (IDFY)
IDFY PARENTAL CONSENT -GENERAL RELEASE**

Calcasieu Parish District Attorney, John F. DeRosier The Pathology Laboratory

READ THIS DOCUMENT CAREFULLY, IT CONTAINS A RELEASE OF LIABILITY.

The Calcasieu Parish chapter of the International Drug Free Youth Program has been developed in connection with the Calcasieu Parish District Attorney's Office and The Pathology Laboratory. The program has been sanctioned by the Calcasieu Parish School Board and the Southwest Louisiana Mayor's Association. Its purpose is to provide middle and high school students with a voluntary organization that rewards them for being drug-free and influence those who abuse drugs to reject drugs through the use of positive peer pressure. Membership in IDFY is gained through achieving drug-free results of a voluntary drug test, administered by The Pathology Laboratory.

Although specific test results will be kept confidential, results that show a student may have been taking illegal drugs will be given to a professional counselor and may result in a student being unable to continue participation in the program. If a student refuses a random retest a letter will be mailed to their parents advising them. A student who fails a drug test may be readmitted at a later date if a drug retest shows he or she is drug-free.

Students age **14 and above** will be notified privately should there be a confirmed positive test result. For students age **13 and under**, the parents will also be notified. Test results **will not** be used to develop any criminal prosecution.

Desiring to participate in the IDFY program we (please circle one) the undersigned parents/I the parent/I the managing conservator/I the legal guardian of _____, age _____, Social Security number, _____, give consent to collect and have tested a sample of urine at no charge to determine whether or not the student's system is free from drug use. This also gives consent to subsequent random testing of the student to determine continued qualification for the program. If a student refuses a random retest they will automatically be terminated from the IDFY program and a parents will be notified.

As partial consideration for such testing, we/I release, Calcasieu Parish District Attorney, John F. DeRosier, IDFY Coordinator, Laurie T. Cormier and The Pathology Laboratory and its employees from any and all liability and agree to indemnify and hold harmless these from any claim that might be made by virtue of such test and the results thereof.

This release is intended to be a general release and release such persons and entities from any liability of claims, including, but not limited to, claims or liability for personal injury, defamation, or invasion of privacy. The test will not be given through this program to a person under the age of 18 years old without the consent of both the individual and the parent or guardian.

Dated this _____ day of _____, 200____.

Parent/legal guardian (Please Print Your Name) _____

Home#: _____

Parent/legal guardian signature (s) _____

Work# _____

Student's Home Address: _____ 706_____

Student signature _____

School _____

Date _____ List medication child has been

prescribed: _____
