



Office of the Director of Curriculum, Instruction and Assessment  
**HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT**  
Serving East Hanover Township, Florham Park Borough and Hanover Township



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Dear Parents/Guardians:

It is the responsibility of the Board of Education of the Hanover Park Regional High School District to safeguard the health, character, citizenship and personality development of the pupils enrolled in its schools. The Board recognizes that the misuse of drugs, alcohol, and/or steroids by pupils threatens both the health and welfare of the pupils as well as their positive development. Such misuse also threatens the welfare of the entire school community. The Board of Education is therefore committed to the prevention of drug, alcohol, and/or steroid abuse and the rehabilitation of identified users.

Pupil participation in co-curricular activities, including athletics and pupil parking on campus at either school is a privilege. Pupil participants, by virtue of their voluntary decision to participate in these co-curricular and athletic activities, and because of their position as school leaders and role models in the school community, have a heightened responsibility to be drug and alcohol free. To that effect, it is the policy of the Hanover Park Regional High School District Board of Education to implement and maintain a program of random drug testing for pupils enrolled in the schools of the district who elect to participate in co-curricular activities, including athletics, and for pupils granted on campus parking privileges.

The pupil random drug testing program shall be mandatory for all pupils who:

- a. Have violated the district's substance abuse policy effective upon the first violation of that policy in a school year.
- b. Elect to participate in co-curricular activities, including athletics, during a current academic year.
- c. Apply for and are granted a parking permit for on-campus parking effective the date the first parking permit is granted in the school year.

Attached please find a Student Random Alcohol and Drug Consent-to-Test Form. Please complete the attached form and submit to the high school central office. **This form is now distributed on an annual basis and will cover all co-curricular activities, including athletics and on campus parking privileges for the entire school year.** If your student has not turned in this form at the beginning of the school year, he or she will not be permitted to participate in co-curricular activities, including athletics, nor will they have the opportunity to receive an on campus parking permit until a signed form is returned.

Thank you for your attention to this matter. If you should have any questions, please do not hesitate to contact my office at 973-887-0320.

Sincerely,

Maria Carrell  
Director of Curriculum, Instruction & Assessment  
Random Drug Testing Coordinator

**HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT**

**STUDENT RANDOM ALCOHOL AND DRUG CONSENT-TO-TEST FORM**

I understand fully that my involvement, as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulation set forth by the Hanover Park Regional High School District Board of Education and the sponsors for the activity/athletic program in which I participate.

I authorize the Hanover Park Regional High School District to conduct a test on saliva, urine and/or breath, which I provide on-site to test for alcohol and/or drug use if my name is drawn from the random pool.

Pursuant to the Regulations for Policy 5536, I authorize the following:

1. Hanover Park Regional High School District Board of Education to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Hanover Park Regional High School District Board of Education Student Assistance Counselor, Grade Level Administrator and/or Medical Inspector. \*
4. Hanover Park Regional High School District Board of Education to release individual student name, parent's name and home phone number to Medical Review Officer, MD regarding all positive drug test results.

\* All results are kept strictly confidential and are released only to those individuals named above.

I understand that I may also be randomly drug tested throughout the remainder of the school year.

\_\_\_\_\_  
(Student Name – Please Print) (Grade) \_\_\_\_\_

\_\_\_\_\_  
(Student Signature) (Date) \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Name – Print)

\_\_\_\_\_  
(Parent/Guardian Name Signature) (Date) \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Home Phone) (Parent/Guardian Work Phone) (Parent/Guardian Cell Phone)

I plan to participate in one of the following:

Athletic Program(s) **(Please list sport)** \_\_\_\_\_

Extra-Curricular Activities **(Please list)** \_\_\_\_\_

On-Campus parking \_\_\_\_\_

I am volunteering to be placed in the testing pool.