



MEDICAL ENTERPRISES, INC.

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Phone (402) 393-8826 • Fax (402) 393-8946
www.medicalenterprises.com

Parent/Guardian Drug Testing Authorization for Minor Child

Minor's Name: _____

School Id Number (Lunch Number): _____

I affirm that I am the parent/guardian of the above minor and hereby authorize Louisville Public Schools to perform medical services and/or drug/alcohol testing as deemed necessary on my minor child in connection with any and all extracurricular activities. I understand that this authorization will be used for any and all of the aforementioned services for the term of the school year of my minor child. I agree to release and hold harmless Louisville Public Schools and Medical Enterprises Inc, its employees, agents, drug/alcohol testing companies and medical organizations from any liability whatsoever arising from this request for authorization, the testing, and decisions made concerning extracurricular activities based upon the results of those tests.

I understand that my child will be placed in a random pool and may be selected at any time.

I have carefully read this form and agree that this release signed by me as a parent/guardian is binding. I further acknowledge and agree that despite this authorization, the privacy rights of the minor do not allow me to receive the drug and/or alcohol test results from Louisville Public Schools or Medical Enterprises Inc. I must obtain the drug and/or alcohol test results directly from the minor.

This authorization may be revoked by me in writing at any time. Otherwise it will stand for the duration of the school year or until the minor reaches the age of majority.

Parent/Guardian _____

Signature: _____ Date: _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Telephone Numbers

Day Time: _____ Evening: _____