DFCA APPLICATION & CONSENT FORM

Check In: ____:____
Check Out: ____:____

Please check the information below and make any corrections in writing.

_____*Personal Check #_____
_____Cash (check or credit card encouraged)
_____I paid online
_____Other

Student First and Last Name: _____ School: _____

Birthdate: _____ Grad Year: _____ Gender: _____ Have you been a club member before?: _____

Street name and Address:_____ City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) First and Last Name: _____

Best Parent Phone #: _____ Second Phone #: _____

****Parent E-mail: _____ **Student E-mail: _____**

****IT IS EXTREMELY IMPORTANT TO PROVIDE YOUR BEST EMAIL FOR MANY PROGRAM REASONS INCLUDING TESTING NEEDS AND UPDATES. We deeply respect your privacy and will NEVER share any of your info with anyone outside of our program's needs!**

I consent to the taking of specimens for drug screening as part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA), the analysis of the specimen by DFCA's necessary partners, and I authorize the release of those results to DFCA and my parent or guardian via the contact info above. I also consent to the taking of, or school's release of my (child's) photograph to be used for DFCA program purposes.

_____ _____ _____ _____

PARENT SIGNATURE **Date** **STUDENT SIGNATURE** **Date**

DFCA FORM FOR TEST DAY (On-site device preliminary test) *DO NOT perform test unless BOTH signatures are above!*

Step 1: ADULT NEATLY completes donor information (Collector/Teacher/Adult Volunteer) (Student = "Donor").

Donor First Name: _____ Donor Last Name: _____

Donor Birthdate: _____ Time arrived to testing area: _____ : _____ am pm

Step 2: STUDENT signs certification **while with collector**

I certify that the specimen I provided is my own and it was not substituted or altered. I freely accept the giving and testing of my specimen, and the sharing of my results with my parent/guardian according the DFCA policies & procedures.

Student Signature: _____ Date Test Completed: _____ /_____ /20_____

Step 3: COLLECTOR completes certification **while with student**

I certify that I completed the specimen collection related to the Donor named above according the DFCA policies & procedures. To the best of my knowledge the specimen was not substituted or adulterated.

Collector Name PRINTED: _____ Date Test Completed: _____ /_____ /20_____

Collector Signature: _____ Time Test Completed: _____ : _____ am pm

Collection Reason: ☐Initial test ☐ Random/Follow Up Specimen temperature within acceptable range? ☐Yes ☐ No

Step 4: COLLECTOR completes additional test details below **AFTER student is released**

Test Device Read by: ☐ Same Collector as above ☐ Collector 2 PRINT Name: _____

Donor's Related Chain of Custody Form (CCF) #: _____ ☐ No CCF needed - neg

Collector's Notes: _____Retest Needed (shy bladder, etc)