



**AUTHORIZATION FOR RANDOM DRUG TESTING
(MINORS)**

Document No. : FM-SHS-07-02

Effective Date: July 5, 2018

I, _____, of legal age, am the parent/legal guardian of _____, and with address at _____, hereby state:

1. I, pursuant to the Mapúa's policy against the use and distribution of prohibited drugs as embodied in the attached Policy on Random Drug Testing and in compliance with the provisions of R.A. No. 9165 or the Comprehensive Dangerous Drugs Act of 2002 and its implementing guidelines,

_____ Yes. I/We voluntarily and willingly give my full consent to the intended drug testing of my child/ward.*

_____ No. I will **NOT** give my consent to the intended drug testing of my child/ward.

2. I hereby declare that I have read and understood the terms and conditions of the random drug testing pursuant to the attached Policy on Random Drug Testing of Mapúa.

3. I hereby render MAPÚA free and harmless from any and all liability arising from the drug testing of _____.

Name and Signature of Parent /Guardian /Date
Cellular Number/ E-mail Address:

Name and Signature of Student/Date
Student Number: _____
Program: _____
Nationality: _____
Cellular Number/ E-mail Address: _____

Results whether positive or negative will be treated with utmost confidentiality. Positive results in the random drug testing **does not automatically result in disciplinary action pursuant to attached letter/policy of Mapúa. All personal information shall be collected and processed by authorized personnel of Mapúa solely for legitimate purposes particularly for the Random Drug Testing and shall be kept strictly confidential.*