

Kimball Public School District

Confidentiality Statement for Random Urine Drug Testing Program

I, _____, acknowledge that I will be privileged to hear and see sensitive information related to results of random urine drug testing performed on students of Kimball Public School District Schools. I pledge to keep any information given to me in strict confidence, and will only release this information to others as dictated by Board policy or with properly obtained permission of the student and student's parent/guardian/custodian.

Signature

Date