## LOS ANGELES COUNTY SHERIFF'S DEPARTMENT DEPUTY EXPLORER PROGRAM

## <u>DRUG SCREENING CONSENT WAIVER</u> (Age 14-17 Yrs.)

As a condition of joining and participating in the Los Angeles County Sheriff's Department Deputy Explorer Program, in consideration for allowing(hereinafter referred to as minor) to participate in the Los Angeles County Sheriff's Department's Deputy Explorer Program.
I,
I understand that my refusal or (minor's) refusal to comply with this prerequisite to join the Deputy Explorer Program and/or my (minor's) refusal to comply with a directive to submit to a drug screening by the Explorer Program Coordinator, or his/her designee, will result in (minor's) disqualification to join or continue in the program.
I understand that a drug screening kit, provided by the Redwood Toxicology Laboratory Inc. will be used to determine the presence or absence of illegal substances in (minor's) body. I understand that should I, or (minor) decide to contest the results of the screening, that an additional test will be conducted, using a new screening kit. I understand that should the results of the second test match the findings of the first test, that the LASD will consider the results to be conclusive and positive.
I hereby represent that I have carefully read, understand and agree with the contents of this document and sign the same of my own free will, giving my consent to have (minor's) urine screened for the presence of illegal substances. I further understand the consequences of refusing to allow (minor) or (minor's) refusal to submit to drug screening for the Deputy Explorer Program
Parent/Legal Guardian (print):
Parent/Legal Guardian (Signature): Date:
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Parent/Legal Guardian (Signature): Date:

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