

DFCA APPLICATION & CONSENT FORM – Fill out the top half to apply!

Please fill in everything before the black line NEATLY & turn in at school with payment (if any). ...Or do it at all DrugFreeClubs.com!

Your cost is just \$25/yr!
Freshmen buying 4 yrs get Senior yr FREE! (Mark 4 yrs below)
\$25 X _____ (# yrs) = \$ _____ (total)

_____ *Personal Check # _____
_____ Cash (check or credit card encouraged)
_____ I paid online
_____ Other (details _____)

Student First and Last Name: _____ School _____
Birthdate _____ Grade (#) _____ Gender _____ Have you been a club member before? Y N
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.

X	X
_____ PARENT SIGNATURE	_____ STUDENT SIGNATURE
_____ Date	_____ Date

DO NOT WRITE BELOW THIS LINE. All payments are non refundable. *\$30 fee for each returned check for bank fees.

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 was not substituted or altered. I freely accept the testing of my specimen and 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)