

I, _____, parent/guardian of _____, hereby give permission for him/her to provide a urine sample at the Douglas County Juvenile Assessment Center, for drug screening purposes.

1. The Juvenile Assessment Center uses a screen which test for:

*Amphetamines	*Cocaine	*Marijuana (THC)
*Methamphetamines	*Opiates	*Phencyclidine (PCP)

2. This is a simple drug screening tool which detects the presence or absence of drugs. A positive result does not indicate the amount of the substance(s) in the system.

3. If the drug screen results are **negative**, it means no drugs have been detected and further testing will not be necessary at this time. However, my child may be tested again while on diversion.

4. If the drug screen is **positive**, one or more of the above-referenced drugs have been detected. In that case, you have the option of obtaining another drug screen performed by a family physician, Charles Drew Medical Center or another medical facility.

5. The drug screen results, whether positive or negative, will be noted in the file.

6. The Juvenile Assessment Center does not follow strict chain-of-custody procedures. While the results of the drug screen may be reviewed by the County Attorney to determine continual eligibility for diversion services, the results may not be used in court.

Signature of Parent/Guardian	Date
Signature of Juvenile	Date
Juvenile Service Specialist	Date