

Dear Parents/Guardians,

Greetings on Peace!

De La Salle University adheres and actively responds to the call of the government for a drug-free nation. To support this effort to minimize, if not totally eradicate, the problem on illegal drugs, the University developed an anti-drug use and abuse program called **Lasallians' Fight Against Drugs (LFAD)**, which includes random and mandatory drug testing activities for students. The LFAD program adopts the guiding principles of mandatory drug testing for tertiary students with the primary purpose of determining the prevalence of drug use among students and providing the appropriate interventions for those who tested positive for drug use.

The LFAD Random Drug Testing may be conducted anytime within the academic year and distinct from the random drug testing conducted by the government pursuant to Article III Section C of RA 9165, otherwise known as the *Comprehensive Dangerous Drugs Act of 2002*.

For LFAD Mandatory Drug Testing, it is conducted as part of admission requirement for incoming students and subsequently incorporated in the Annual Physical Examination (APE) of enrolled students. Specific schedules of the mandatory drug screening shall be determined by the Health Services Office. A contracted DOH-accredited drug testing medical team will collect urine specimen from students on site.

In view of the foregoing, please be informed that your son/daughter is required to undergo drug screening as part of admission procedures. Rest assured that positive results will be treated with utmost care and confidentiality and will not bar admission of student into the University.

Thank you for your utmost understanding and support.

Sincer	rely in St. La Sal	le,				
	FLCA LEILA of Student Affair		ſ			
		DRU	G TESTING CO	NSENT FORM		
I,	Mr./Ms.	800 I			parent/guardian	of
	(Name of Student) with			(Degree Program & ID No.)		
REAL	and FULLY A	ACCEPT the L	FAD Drug Testin	ng Program.		
I he	reby give my co	nsent to the co	onduct of the rand	dom and mandatory	drug screenings and fu	ılly
	57 FE FE 8076	The same of the sa			rug Testing Program.	
Sigi	ned this day	or	20			
Signature over printed name of Parent/Guardian				Signature over	printed name of Studer	nt
Signe	d in the presence	e of:				
		Signatur	e over printed na	me		

NOTE: Please bring and submit the accomplished form during the student's scheduled Lasallian Personal Effectiveness Program (LPEP).