A black and green sign with white text

AI-generated content may be incorrect.

**Drug Testing Consent Slip**

I agree and give my consent to the conduct of Mandatory / Random Drug Testing (MDT/RDT) at De La Salle Lipa

I decline and do not wish to undergo Mandatory/Random Drug Testing (MDT/RDT) at De La Salle Lipa because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 

Joseph Benedict M. Duran BSIE-D2A

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Student over Printed Name. Course & Section**

**09270264527 Sept 18, 2025**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number of Student Date Signed**

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Attested:

Mischel M. Duran

**Signature of Parent/Guardian over Printed Name** 

**09566222995 Sept 26, 2025**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Number of Parents. Date Signed**



***Note: This page must be signed and returned to the Student Discipline and Formation Office (SDFO)***