



# Family Health Policy™ Home Drug Testing

## A service of the non-profit CANDLE, Inc.

[www.candleinc.org](http://www.candleinc.org)



### Family Health Policy Home Drug Testing – Enrollment Form Drug Testing Random Notification Service & PRIVATE Home Drug Test Kit (2.3.14)

#### Home testing is important because:

- Home testing is your child's best excuse in front of peers
- It takes caring parents an average of 2 years before they know their child is using
- 48% of youth will experiment by the time they graduate high school
- Testing at an early age establishes home testing as an accepted family health routine

I wish to participate in the non-profit CANDLE, Inc.'s Family Health Policy home drug testing program. I understand CANDLE will notify me of a random time to test my child at least once per year during my enrollment period and that I will be provided one home drug test kit with instructions. I have reviewed CANDLE's Family Health Policy with my child and agree that in the event of a positive test, I will immediately have my child **retested** by a professional lab or knowledgeable physician. Likewise, I understand that a negative test is not a guarantee that my child is not abusing a substance and that not all substances can be detected by a drug test. I understand it is my responsibility to notify CANDLE of any changes in my e-mail or home address. I understand a positive or negative home drug test is **not conclusive** and that the Family Health Policy is designed to be a deterrent to drug/alcohol use and give my child/children a 'way out' with peers who are abusing drugs/alcohol. I understand that participation in the Family Health Policy does not insure that my child will never use drugs or alcohol.

Parent signature below indicates you & your child are in agreement with CANDLE's Family Health Policy home drug testing program:

Disclaimer: CANDLE, Inc. assumes no liability in connection with the actual drug test nor the requisite actions taken by the family after testing. By enrolling in CANDLE, Inc.'s Family Health Policy, you agree to hold harmless CANDLE, Inc. and its affiliates of any claims due to your actions of establishing a drug testing policy for your family, selection and implementation of specific tests, and requisite actions taken due to test results. I understand there are no refunds for any reason. **Please consider a tax deductible donation and enter below.**

**HOME DRUG TEST RESULTS SHOW IN 5 MIN.**

**RESULTS ARE IN PRIVACY OF YOUR HOME!!!**

I verify that I will abide by the terms of the Family Health Policy and test my child when notice is received.

**Parent signature (required):** \_\_\_\_\_ **Date** \_\_\_\_\_

Send random notice of time to test using:  E-mail  U. S. Mail = \$5 fee (E-mail notification is preferred)

**Print all info plainly!** E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ School Dist. \_\_\_\_\_ School Bldg. \_\_\_\_\_

Enroll: 1. Name \_\_\_\_\_ Gr \_\_\_\_\_ Age \_\_\_\_\_ 3. Name \_\_\_\_\_ Gr \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_ Gr \_\_\_\_\_ Age \_\_\_\_\_ 4. Name \_\_\_\_\_ Gr \_\_\_\_\_ Age \_\_\_\_\_

I am paying \$50 each for Family Health Policy enrollment & test kit

I am adding a tax deductible donation of \$ \_\_\_\_\_ Mail receipt?  Yes  No

You will be notified to test 1x per year, but maybe 2x or 3x. You won't know and neither will your child.

Check # \_\_\_\_\_ Cash \_\_\_\_\_

**Total Enclosed \$** \_\_\_\_\_ **Total # Kits:** \_\_\_\_\_