

STUDENTS

Consent to Participate in Extracurricular Drug and Alcohol Testing Program.

Please Print.

Student: _____

To be read and signed by the student-participant and his/her parents(s)/guardian(s)

We have received, and have read and understand, the District Extracurricular Drug and Alcohol Testing Program. We voluntarily agree that our child shall be subject to its terms for his or her entire high school career (grades 9-12). This could also include I.H.S.A. drug testing at the state level. We accept the method of obtaining breath and urine specimens, the testing and analyses of such specimen, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

I AGREE (PLEASE SIGN HERE):

Student Signature

Date

Parent/Guardian Signature

Date

OR

I DO NOT AGREE (SIGN HERE):

I have decided *not* to participate in any extracurricular activities sponsored by the School District for the remainder of this school year. In order for me to participate in the extracurricular activities program at a later date, I understand that I must submit to a urinalysis.

Student Signature

Date