STUDENT DRUG TESTING CONSENT: ACTIVITY STUDENTS

Student Printed Name:		Grade:
Student ID Number:	Date of Birth:	Graduation Year:
Activity:		
Student Consent:		
understand that, out of care for n or possession of illegal and/or p the use or possession of illegal	ny safety and health, District enforces erformance-enhancing drugs. If I cho and/or performance-enhancing drugs I understand upon determination of	d "Student Drug Testing Consent." I the rules applying to the consumption lose to violate school policy regarding any time while I am involved in in- that violation I will be subject to the
YES, I CHOOSE TO F	PARTICIPATE IN THE DRUG TEST	ΓING PROGRAM.
Note: By selecting no	TO PARTICIPATE IN THE DRUG To participate in the Drug Testing Properties of the policy.	rogram, I understand that I will not be
Student Signature:		Date:
Parent Consent:		
the student named above participal voluntarily agree to be subject to	pate in the extra-curricular interschola o its terms. I accept the obtaining of s spects of the program. I further agre	ent Drug Testing Consent. I desire that astic programs of District, and I hereby saliva samples, testing and analysis of e and consent to the disclosure of the
YES, I AGREE TO THI	E TERMS OF THIS POLICY.	
NO, I DO NOT WANT : HIS POLICY.	MY SON/DAUGHTER TO BE TEST	TED ACCORDING TO THE TERMS
	pate in the Drug Testing Program, I un any activity covered under this polic	derstand that the student named above y.
Printed Parent/Guardian Name: _		
Parent/Guardian Signature:		Date: