

BURKE COUNTY SCHOOLS

STUDENT ATHLETE, CHEERLEADER, STUDENT DRIVER AND PARENT PERMISSION AND CONSENT FOR A RANDOM DRUG AND ALCOHOL TESTING

Student's Consent

Student's Name (Please print)

Date

I have read and understand the Burke County School System's Random Drug and Alcohol testing procedures. My signature verifies that I will consent to random drug/alcohol testing while I am involved in athletics, cheerleading, or during any time in which I register, operate or park on Burke County School campus. This consent is good for this school year only. Failure to return this form will result in loss of driving privileges and/or participation in athletics and/or cheerleading.

Student's Signature

Date

Parent's Permission

I have read and understand the Burke County School System's Random Drug and Alcohol testing procedures and give permission for my son/daughter to participate in the random drug/alcohol testing program at any time during this school year when he/she is involved in athletics, cheerleading, or when he/she is registering, operating or parking a motor vehicle on Burke County School campus. Failure to return this form will result in loss of driving privileges and/or athletic eligibility of my child.

Parent/Legal Guardian's Signature

Date

I HAVE READ AND UNDERSTAND THE CONTENTS OF THE BURKE COUNTY PUBLIC SCHOOLS ATHLETIC MANUAL.

Signature

Date