

Mooresville High School Voluntary Drug Testing Program Consent Form

I have received a copy of the Mooresville High School Drug Testing Policy. I have read and understand this policy. I agree to participate in this voluntary random drug-testing program at Mooresville High School. I accept the method of obtaining urine samples, and analysis of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes and according to the terms of the Mooresville High School Drug Testing Program.

_____ PRINT Student Name	_____ Student ID Number
_____ Student Signature	_____ Date
_____ Custodial Parent/Guardian Signature	_____ Date

A positive test will result in exclusion from extracurricular activities, athletics, and driving to school for at least 42 calendar days.

A second positive test will result in exclusion from extracurricular activities, athletics, and driving to school for 365 days.

The student and custodial parent/guardian must complete and sign a Withdrawal of Consent form if a student's name is removed from the list of students in each pool.

Complete the following information.

Student Driver: Yes No (Circle one)

Athletic Team: **Fall** _____ **Winter** _____ **Spring** _____
Name of TeamName of TeamName of Team

Extracurricular Activities: (Please list on the lines below.)

Choir: _____