

STUDENTS

Consent to Participate in Extracurricular Drug and Alcohol-Testing Program

We have received, and have read and understand, the District Extracurricular Drug and Alcohol Prevention Program. We voluntarily agree that _____ shall be subject
(name of student participant)

to its terms for his or her entire high school career (grades 9-12). We accept the method of obtaining breath and urine specimens, the testing and analyses of such specimen, and all other aspects of the program, as may be amended from time to time. The student-participant agrees to cooperate in furnishing a urine specimen 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.

Date: _____

Student Signature

Parent/Guardian Signature

.....
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 activity program at a later date, I understand that I must voluntarily agree to participate in the District Extracurricular Drug and Alcohol Prevention Program. The student will become eligible to participate one calendar year from the date that the student re-enters the program.

Student Signature

Parent/Guardian Signature