

Atlanta High School Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities and holding a student parking permit at Atlanta High School is a privilege. Students at Atlanta High School carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

For the safety, health, and well-being of the students of Atlanta High School, Atlanta ISD has adopted a Drug Testing Policy and this Student Drug Testing Consent Form for use by all participating students at the high school level.

Participation in Extra-Curricular Activities and Campus Parking Privilege

Each participating student will submit a student **Drug Testing Consent Form** which shall be read, signed, and dated by the student and the parent or custodial guardian before such student shall be eligible to participate in any extracurricular activities or obtain student vehicle parking permit. The consent shall be to provide a urine sample as:

- a. chosen by random selection, or
- b. chosen by scheduled selection, based on previously documented positive drug test during current school year.

Voluntary Participation

A student may voluntarily participate in the Atlanta ISD's Drug Screening Program, regardless of student participation in extracurricular activities or obtaining a student parking permit.

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Consent

I have read and understood the Atlanta ISD Drug Testing Policy and the Student Drug Testing Consent Form. If I choose to violate school policy regarding the use of possession of illegal or performance enhancing drugs any time while I am involved in in-season or off-season activities, I understand I will be subject to restriction on participation privileges as outlined in the Policy.

Signature of Student _____ **Date** _____

I have read and understood the Atlanta ISD Student Drug Testing Policy and Student Drug Testing Consent Form. I hereby voluntarily agree for my child to be subject to its terms. I accept the method of obtaining urine and/or saliva samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of Parent/Guardian _____ **Date** _____