

Graham-Dustin Public Schools

District Student Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities is a privilege. Activity students 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.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Graham-Dustin Public School District. Furthermore, the district wishes to make available to students who do not participate in extra-curricular activities equal opportunities for testing. For the safety, health, and well-being of the students of the district, the Graham-Dustin Public School District has adopted the attached Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students in grades 7 - 12.

Students Participating in Extra-Curricular Activities

Each Activity Student shall be provided with a copy of the Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed, and dated by the student, parent or custodial guardian, and coach/sponsor before each student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a sample: (a) as chosen by the random selection basis and (b) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name (Please Print)	First Name	M.I.
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Student's Signature	Date
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We have read and understood the Graham-Dustin School District Student Drug Testing Policy and Student Drug Testing Consent. We desire that the student named above participate in the extra-curricular interscholastic programs of the Graham-Dustin School District and we hereby voluntarily agree to be subject to it's terms. We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Yes, we agree to the terms of this policy.

No, we do not want our son/daughter tested according to the terms of this policy.

Parent or Custodial Guardian's Signature	Date
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Coach/Sponsor Signature	
Coach/Sponsor Signature	
Coach/Sponsor Signature	

Activity	
Activity	
Activity	

