

Drug Testing Authorization Form:

**BISMARCK SCHOOL DISTRICT
DRUG TESTING
AUTHORIZATION FORM
(7th & 8th Grade Only)**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Bismarck School District drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules, and regulations set forth by the Bismarck School Board and the sponsors of any activities in which I may participate.

Student name (printed)

Date

Student signature

I also authorize Bismarck School District to arrange for the collection of urine samples from my child and to conduct a urinalysis on any sample to test for drug use. I also authorize Bismarck School District to conduct random tests during the current school year for my child pursuant to its Drug Screen Policy. I authorize the release of information concerning the results of such a test to the Bismarck School District and request that result be sent to me as to the parents/legal guardians of the student.

Student name (printed)

Student Signature

Date

Parent/Guardian Signature

Date