

**CONSENT TO PERFORM  
RANDOM DRUG TESTING  
USD #421 LYNDON**

Agree to Random Drug Testing (Opt-in Form)

**AS A STUDENT:**

I understand and agree that participation in the privileges may be withdrawn for any violation of the Random Drug Testing Policy at USD 421.

1. Participation in KSHSAA activities
2. Participation in KSHSAA athletics
3. Participation or spectator in all school clubs and extra-curricular activities.

I understand the consequences that I will face if I am selected for a random drug test and have a positive test results.

I understand that to be eligible for the privileges outlined above, I will be subject to random drug testing, and if I refuse, I will NOT be allowed as a participate or spectator in any KSHSAA activities/athletics, or school clubs and extra-curricular activities.

I understand this agreement is binding while a student at Lyndon Middle School and/or Lyndon High School. Parents may choose to rescind their consent at any time by submitting a signed "decline Random Drug Testing" form to their student's current school.

\_\_\_\_\_  
Student Name                      Grade                      Date of Birth

\_\_\_\_\_  
Student Signature                      Date

**AS A PARENT/GUARDIAN/CUSTODIAN**

I have read the policy for Random Drug Testing of USD #421 students and understand the responsibilities of my son/daughter/ward as a participant or spectator at any KSHSAA activities/athletics, or school clubs and extra-curricular activities. My child will participate in random drug testing, and if he/she refuses, they will NOT be allowed to participate. I have read and AGREE to the terms of the policy. I understand this is a binding agreement while my son/daughter/ward is a student at USD #421 Lyndon.

\_\_\_\_\_  
Parent/Guardian/Custodian                      Home Phone                      Work Phone

\_\_\_\_\_  
Parent/Guardian/Custodian Signature                      Date