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

DECLINE RANDOM DRUG TESTING

AS A STUDENT:

I HAVE READ THE Policy for Random Drug Testing of USD #421 students and have decided to **DECLINE** involvement. I understand I will NOT be allowed as a participant or spectator in any KSHSAA activities/athletics, or school clubs and extra-curricular activities. I understand this agreement is binding while a student at USD #421 Lyndon.

| _____ | _____ | _____ |
|---|---|---|
| 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 have decided to **DECLINE** involvement. I understand my son/daughter/ward will NOT be allowed as a participant or spectator in any KSHSAA activities/athletics, or school clubs and extra-curricular activities. I understand this agreement is binding while a student at USD #421 Lyndon.

| _____ | _____ | _____ |
|---|---|---|
| Parent/Guardian/Custodian | Home Phone | Work Phone |

| _____ | _____ |
|---|---|
| Parent/Guardian Custodian Signature | Date |