

SOUTHERN WELLS COMMUNITY SCHOOLS

EXTRACURRICULAR ACTIVITIES & STUDENT DRIVER

DRUG TEST CONSENT FORM

I have received, read, and understand the Southern Wells Community Schools Random Drug Testing Policy and I, _____, desire to participate in this program of Southern Wells Community Schools, and hereby, voluntarily agree to be subject to its terms for my entire school career (grades 7-12). I accept the method of obtaining saliva specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing saliva specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____

Student Signature

Parent/Guardian or Custodian Signature