

## Hickory County R-I School District

### Random Drug Testing Program Participation and Consent Form for Eligibility in the Athletics/Activity/Driving Program

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

As a school's participant in athletics and/or activities I understand that participation is completely voluntary. I understand that my signature below authorizes the Hickory County R-I School District to obtain a urine sample from the student whose name appears below if his/her name is selected as part of the random selection procedures of the Drug Testing Program. I also understand that currently available instant screen tests are not 100% reliable and that an instant screen test that shows positive will always be followed with a more sophisticated laboratory test for confirmation as described in the Random Drug Testing Policy. I understand that if a "positive" test results, the student and parents or guardians may need to disclose to the laboratory or its medical review officer any over-the-counter or prescription medications the student is or has taken. I understand that if a violation of the drug-testing policy occurs that the parent/legal guardian of the student, building administration, and the respective coach/activity sponsor will be the only individuals made aware of this information. I further understand and agree that the Hickory County R-I School District will respond to a positive drug test result in accordance with the provisions of the Random Drug Testing Policy.

**This completed form must be returned to the high school office within 10 days from entry into school. By signing this form, the parent/legal guardian and student understand and agree as follows:**

1. The student and parent have read and understand the standards and guidelines for eligibility and participation in the Hickory County R-I School extra/co-curricular activities and student driver program as set forth by the board of education and student handbook.
2. I give permission for my child to participate in the Hickory County R-I Random Drug Testing Program.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_