

STUDENT DRUG-TESTING AUTHORIZATION FORM

I understand that my performance as an athlete and/or participant in extracurricular activities and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the Board policies, administrative regulations and rules of the North Powder School District.

I also authorize North Powder School District to conduct a test for drug use on a urine specimen which I provide. I also authorize the release of information concerning the results of such a test to the district and to my parent(s).

This shall be deemed a consent pursuant to the Family Educational Rights and Privacy Act for the release of the above information to the parties named above.

I have received a copy of this release. I have read and understand the district policy and administrative regulation.

Student Signature

Date

Parent Signature

Date