

DRUG SCREENING CONSENT FORM

I have received, read, and understand a copy of the "WCUSD#2 DRUG EDUCATION AND TESTING PROGRAM." I desire to have

_____ participate in this program (and in the interscholastic program(s)) of WCUSD # 2 Schools and hereby voluntarily agree to be subject to its terms. I accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

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

Date _____

Student Signature _____

Custodial Parent or Guardian

Signature _____

710.16 Random Drug Testing ADOPTED July 22, 1998

710.16 Random Drug Testing REVISION APPROVED March 10, 1999

710.16 Random Drug Testing REVISION APPROVED September 15, 2010