

**DRUG TESTING POLICY GENERAL AUTHORIZATION AND CONSENT FORM
EXHIBIT 'A'**

**STUDENT-PARENT/GUARDIAN
DRUG TESTING CONSENT FORM (578)**

**CASSIA JT. SCHOOL DISTRICT 151
3650 Overland Avenue
Burley, Idaho 83318**

I understand that my performance in Idaho High School Activities Association (IHSAA) sponsored events and other competitive extracurricular events, and the reputation of my school, are dependent, in part, on my conduct as an individual. I have read the District's policy on drug and alcohol testing of students (Policy 578) and Procedures for the Drug Testing of Students (Policy 578P1), understand them and I hereby agree to accept and abide by the standards and regulations set forth by the Cassia Jt. School District Board and the sponsors for the activity in which I participates.

I also authorize Cassia Jt. School District to conduct a test on a urine specimen, which I provide, to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Cassia Jt. School District and to the parent/legal guardians of the student.

Pursuant to the Family Education Right of Privacy Act (FERPA), 20 U.S.C. §1232g and 34, C.F.R. Part 99, this form will be deemed a consent for the release of the above information to the parties named above.

Student Signature

Date

Parent/Guardian Signature

Date