

Student Drug Testing Consent

Wyandotte Public Schools

Statement of Purpose and Intent

Participation in a school sponsored interscholastic activity at the Wyandotte School District is a privilege. Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Wyandotte Public School District. For safety, health, and the well being of the students of the Wyandotte Public School District, the Wyandotte Public School district has adopted a Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at the ninth through twelfth grade.

Participation in Extra-Curricular Activities

Each student shall be provided with a copy of the Student Drug Testing Policy and Student Drug Testing Consent, which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be able to participate in any extra-curricular activity. The consent shall be to provide a urine sample: a) as part of an annual physical, b) as chosen by the random selection basis, and c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to participate in any extra-curricular activity unless the student has returned the properly signed Student Drug Testing Consent.

M.I.

I understand after having read the "Student Drug Testing Policy" and "Student Drug Testing Consent" that out of care for my safety and health, the Wyandotte Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of the activity group, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well being as well of the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs at any time while I am involved in in-season or off-season activity. I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the policy.

Date _____

We have read and understand the Wyandotte Public School District "Student Drug Testing Policy" and "Student Drug Testing Consent". We desire that the student named above participate in the interscholastic programs of the Wyandotte Public School District, and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Date _____

Date _____

-Medication List

I, _____, am currently taking or have taken the following drugs, substances, or medications in the last 96 (4 days):

Additional Information: