Drug Testing Consent

Nowata Public Schools requires students in extracurricular activities to be drug tested on a random basis. Please sign the consent below.

I consent for my student participant to be drug tested.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_