



USD 393
Solomon Schools
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Solomon, Ks 67480
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UNIFIED SCHOOL DISTRICT 393 RANDOM DRUG TESTING INFORMED CONSENT AGREEMENT

AS A STUDENT:

- I understand and agree that participation in athletic or extracurricular activities is a privilege that may be withdrawn for violations of the **Policy for Random Urine Drug Testing of USD 393 Students**. I have read the **Policy for Random Urine Drug Testing of USD 393 Students** and understand the consequences that I will face if I am selected for a random drug test and have a positive test result.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any extracurricular activity as defined in Board Policy, I may be subjected to random urine drug testing, and if I refuse, I will not be allowed to practice, or participate in any athletic program or extracurricular activity. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student in **USD 393**.

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Policy for Random Urine Drug Testing of USD 393 Students** and understand the responsibilities of my son/daughter/ward as a participant in extracurricular activities in USD 393.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities. I understand that my son/daughter/ward, when participating in extracurricular activities as defined in Board Policy, may be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice or participate in any extracurricular activities. I have read the consent on the reverse of this form and agree to its terms.
- I Understand this is binding while my son/daughter/ward is a student in **USD 393**.