



Farmington Central High School

310 N. Lightfoot Road
Farmington, IL 61531
Phone: 309-245-1000 Fax: 309-245-9163

STUDENTS

Exhibit- Consent to Participate in Extracurricular Drug and Alcohol Testing Program.

We have received, and have read and understand, the District Extracurricular Drug and Alcohol Testing Program. We voluntarily agree that _____ (name of student participant) shall be subject to its terms for his/her entire junior and high school career (grades 6-12). We accept the method of obtaining breath and urine specimens, or saliva swab specimens and the testing and analyses of such specimen, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine or saliva swab specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. This consent is given pursuant to all State and Federal privacy statues, and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

Date: _____

Student Signature

Parent/Guardian Signature

I, _____, have decided NOT to participate in any extracurricular activities sponsored by the School District for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to the urinalysis or saliva swab testing.

Student Signature

Date