

RANDOM DRUG TEST CONSENT

Printed student name _____

Smackover Public Schools believes that all students should be drug free. To help insure this, the District requires each student who participates in extra-curricular or co-curricular activities to submit to random drug testing as outlined in Policy 4.24A. If your child wishes to participate in any activity sponsored by Smackover High School, you must consent to participate in the random drug testing program.

I/We, the parent(s) of the above named student do hereby consent to participate in and abide by and comply with the provisions of Policy 4.24A - Chemical Screen Testing for Smackover High School Students for Activity Participation.

Printed parent's name(s) _____

Parent's signature _____ Date _____

I, the above named student of Smackover High School, do hereby consent to participate in and abide by and comply with the provisions of Policy 4.24A - Chemical Screen Testing for Smackover High School Students for Activity Participation.

Student's signature _____ Date _____

NOTE: REFUSAL TO SIGN THIS CONSENT FORM WILL PROHIBIT YOUR CHILD FROM PARTICIPATION IN ALL EXTRACURRICULAR/CO-CURRICULAR ACTIVITIES SANCTIONED BY SMACKOVER HIGH SCHOOL

Date filed _____

(To be filled in by office personnel)

Random number assigned this student for School Year 2013-2014 _____