

CONSENT TO PERFORM DRUG/ALCOHOL TESTING

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Valliant School District.

I also authorize the Valliant School District to conduct a drug use test on a urine specimen that I will provide. I also authorize the release of information concerning the results of such a test to the superintendent or designee of the Valliant School District and to my parents and/or guardians. I understand that these results will also be made available to me.

This shall be deemed a consent pursuant to the Family Education Rights and Privacy Act for the release of the information to the parties named above.

I understand that I am free to withdraw this consent for testing. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any sporting program until such time as my head coach and principal shall deem appropriate.

Date _____

Signature of Student

Signature of Parent or Legal Guardian