

**STUDENT DRUG TESTING CONSENT:  
ACTIVITY STUDENTS**

Student Printed Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Student Grade: \_\_\_\_\_

**Student Consent:**

I have read and understood the "Student Drug Testing Policy" and "Student Drug Testing Consent." I understand that, out of care for my safety and health, District enforces the rules applying to the consumption or possession of illegal and/or performance-enhancing drugs. If I choose to violate school policy regarding the use or possession of illegal and/or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

\_\_\_\_\_ YES, I CHOOSE TO PARTICIPATE IN THE DRUG TESTING PROGRAM.

\_\_\_\_\_ NO, I CHOOSE NOT TO PARTICIPATE IN THE DRUG TESTING PROGRAM.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Consent:**

I have read and understood the Student Drug Testing Policy and Student Drug Testing Consent. I desire that the student named above participate in the extra-curricular interscholastic programs of District, and I hereby voluntarily agree to be subject to its terms. I accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

\_\_\_\_\_ YES, I AGREE TO THE TERMS OF THIS POLICY.

\_\_\_\_\_ NO, I DO NOT WANT MY SON/DAUGHTER TO BE TESTED ACCORDING TO THE TERMS OF THIS POLICY.

Printed Parent/Guardian Name: \_\_\_\_\_

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

Coach/Sponsor Name: \_\_\_\_\_

Coach/Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_