

## Consent to perform random drug testing

USD 288

### Agree to random drug testing (opt—in form)

**As a Student:**

I understand and agree that participation in the following privileges may be withdrawn for any violation of the random drug testing policy at USD 288:

1. Participation in KSHSAA activities
2. Participation in KSHSAA athletics
3. Participation in school clubs, co-curricular and extracurricular activities

I understand the consequences that I will face if I am selected for a random drug test and have a positive test result.

I understand that to be eligible for the privileges outlined above, I will be subject to random drug testing, and if I refuse, I will not be allowed to participate in KSHSAA activities/athletics, or school clubs, co-curricular and extracurricular activities for a period of time as specified in policy.

I understand this agreement is binding while a student at Central Heights High School. Parents may choose to rescind their consent at any time by submitting a signed "remove from testing" form to their student's school.

\_\_\_\_\_  
Student's name                      Grade                      Date of birth

\_\_\_\_\_  
Student signature                      Date

**As a Parent/Guardian/Custodian:**

I have read the policy for random drug testing of USD 288 students and understand the responsibilities of my son/daughter/ward as a participant in any co-curricular or extra-curricular activities, athletics, or school clubs. My child will participate in random drug testing, and if he/she refuses, will not be allowed to participate. I have read and AGREE to the terms of the policy. I understand this is a binding agreement while my son/daughter/ward is a student at Central Heights High School.

\_\_\_\_\_  
Parent/Guardian/Custodian                      Home phone                      work phone

\_\_\_\_\_  
Parent/Guardian/Custodian Signature                      Date