## STUDENT DRUG TESTING CONSENT: ACTIVITY STUDENTS

Student Printed Name:		Grade:
Student ID Number:	Date of Birth:	Graduation Year:
Activity:		
<b>Student Consent:</b>		
understand that, out of care for or possession of illegal and/or p the use or possession of illegal	my safety and health, District enforces performance-enhancing drugs. If I cho I and/or performance-enhancing drug I understand upon determination of	d "Student Drug Testing Consent." I sthe rules applying to the consumption cose to violate school policy regarding s any time while I am involved in inthat violation I will be subject to the
YES, I CHOOSE TO	PARTICIPATE IN THE DRUG TES	TING PROGRAM.
Note: By selecting no	TO PARTICIPATE IN THE DRUG of to participate in the Drug Testing P any activity covered under this policy.	rogram, I understand that I will not be
Student Signature:		Date:
Parent Consent:		
the student named above partic voluntarily agree to be subject	ipate in the extra-curricular interschola to its terms. I accept the obtaining of aspects of the program. I further agree	ent Drug Testing Consent. I desire that astic programs of District, and I hereby saliva samples, testing and analysis of the and consent to the disclosure of the
YES, I AGREE TO TH	E TERMS OF THIS POLICY.	
NO, I DO NOT WANT HIS POLICY.	MY SON/DAUGHTER TO BE TEST	TED ACCORDING TO THE TERMS
	ipate in the Drug Testing Program, I un n any activity covered under this police	nderstand that the student named above cy.
Printed Parent/Guardian Name:		
Parent/Guardian Signature:		Date: