DRUG USE IN SCHOOL ACTIVITIES

(Random Drug and Alcohol Testing) CONSENT FROM

I acknowledge that I have and have read a coppolicy and regulations.	by of the District's Random Drug and Alcohol Testing	
I request thatbe allowed to participate in the school sponsored extracurricular activity subject to the District's Random Drug and Alcohol Testing policy and regulations. I agree that the above-mentioned student be subject to the District's Random Drug and Alcohol Testing program for the duration of the activity.		
aspects of the District's Random Drug and Alco	testing procedures, and sample analysis, and all other chol Testing program. I agree that to remain eligible to ular activity the above-named student is subject to	
I further agree and consent to the disclosure of the sampling, testing, and results provided for in the program. This consent is given pursuant to all state and federal privacy statutes and is a waiver or rights to nondisclosure of such test records and result only to the extent of the disclosures in the program.		
The parent must sign this request if the student need sign if eighteen (18) years of age or over.	is under eighteen (18) years of age. Only the student	
Parent/Guardian Signature	Date	
Student Signature	Date	
I have decided NOT TO ALLOW ,school-sponsored extracurricular activity sponsyear.	, to participate in any sored by the District for the remainder of this school	
I understand that participation in the school-s require submission to the District's Random Dr	sponsored extracurricular activity at a later date will rug and Alcohol Testing policy and regulations.	
The parent must sign this request if the student need sign if eighteen (18) years of age or over.	is under eighteen (18) years of age. Only the student	
Parent/Guardian Signature	Date	
Student Signature	Date	