

**Consent to Perform Urinalysis for Drug Testing****STUDENT AND PARENT/GUARDIAN CONSENT**

Student Name (Please Print) \_\_\_\_\_

Address (Please Print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School (Please Print) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Check all activities in which you will participate:

- |  |                                     |                                     |                                       |
|--|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Academic Team | <input type="checkbox"/> Baseball   | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dance      | <input type="checkbox"/> Driver     | <input type="checkbox"/> FBLA         |
| <input type="checkbox"/> FCCLA         | <input type="checkbox"/> FFA        | <input type="checkbox"/> Football   | <input type="checkbox"/> Golf         |
| <input type="checkbox"/> HOSA          | <input type="checkbox"/> Skills USA | <input type="checkbox"/> Soccer     | <input type="checkbox"/> Softball     |
| <input type="checkbox"/> Tennis        | <input type="checkbox"/> Track      | <input type="checkbox"/> Volleyball |                                       |

I have read and understand the Lincoln County School Board Policy 09.423 dealing with *Use of Alcohol, Drugs and Other Controlled Substances*. I desire that \_\_\_\_\_ (student) should be permitted to participate in the above athletic/extracurricular activity or activities or drive to school and use school parking facilities. I hereby voluntarily agree, individually and on behalf of \_\_\_\_\_ (student), that my student is subject to the terms of Board policy 09.423 for as long as s/he participates in a covered activity or exercises driving privileges.

I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Lincoln County Board Policy 09.423. I understand that the drug testing company will have access to the above information.

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

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

**For Office Use:**

Top form must be completed and returned to the School Health Office in order for student to be able to participate. Bottom form should be kept by the coach, club sponsor, or front office.

Review/Revised:7/18/11