File: JJIH-E

Drug Testing For Students Involved in Extracurricular Activities
(at Sargent Middle School / Senior High School)

CONSENT FORM

I, _____ , [(print) student's name] have read, understand and agree to abide to Sargent School District's drug policies and testing procedures (JICH, JICH-R, JJIH & JJIH-R). As a condition of participating in extra-curricular activities in the Sargent School District, I voluntarily agree to provide urine specimens when directed and authorize the district to have the specimens tested for drugs and controlled substances. I also authorize the release of information concerning the results of such tests to the Sargent School District and to my parents/guardians.

Student Signature_____,
Date_____

I,_____ , [print name of parent/guardian] have read, understand and agree to abide to Sargent School District's drug policies and testing procedures (JICH, JICH-R, JJIH & JJIH-R). As a condition of my student's participation in extra-curricular activities in the Sargent School District, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for drugs and controlled substances. I also authorize the release of information concerning the results of such tests to the Sargent School District.

This consent form will remain in effect for the duration of the student's enrollment within the Sargent School District, unless revoked in writing by the parent/guardian.

Any revocation of this consent form shall disqualify the student from participation in any extracurricular activity.

Signature of Parent/Guardian _____,
Date_____

Issued: prior to 2018
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