

DRUG SCREENING COMPLIANCE FORM

In an effort to protect the district’s students and maintain the integrity of its interscholastic and extracurricular activities, the Rabun County Board of Education has adopted a policy requiring participation in a drug screening process for all high school students who participate in “privileged activities”, defined as participation in interscholastic athletics, extracurricular activities and parking on school campus. All prospective participants in such activities must complete this form and return it with required signatures before the student will be permitted to try out for or participate in any privileged activity.

I understand that as a participant in a privileged activity at Rabun County High School, I am subject to all provisions of the school district’s drug screening procedures. I agree to participate in the process and to the release of all drug screening results to the school district.

Signature of student

Date

Printed name of student

Activity

I am the parent/guardian of _____.
I understand that in order for my child to participate in any high school privileged activity, he/she will be subject to the drug screening process implemented by the Rabun County Board of Education. I have read and understand the procedures and agree for my child to participate in the process and for the results to be released to the school district.

Signature of parent/guardian

Date

Printed name of parent/guardian