

**BEAUFORT COUNTY SCHOOLS
WITHDRAWAL OF DRUG TESTING CONSENT FORM**

(Sign and return this form only if you wish to opt your 7th-12th grade child out of privileged activities and the drug testing program.)

I hereby withdraw consent for _____ (student) to participate in the Beaufort County Schools random drug testing program. I understand, once this form is submitted, the student will no longer be eligible to participate in interscholastic athletics and all other extra-curricular activities, and will not be eligible for a student parking pass for a period of 365 calendar days from the date on this form. If a student has a parking pass at the time this form is signed, that student's pass and permission to park on school property is immediately revoked.

Dated: _____, 20_____.

Name of Student

Name of Parent/Guardian

Signature of Student

Signature of Parent/Guardian

Name of School Official

Signature of School Official