



**DRUG TESTING CONSENT FORM**

I desire \_\_\_\_\_, (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County School District which includes: interscholastic athletics, other voluntary extra-curricular activities, and campus parking privileges.

I hereby agree that:

- I have read and understand the Beaufort County School District’s administrative regulation governing random student drug testing.
- \_\_\_\_\_, (student) shall be enrolled in the Beaufort County School District random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during his/her enrollment in the Beaufort County School District.
- Drug test of student under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, parent/guardian, the contracted Test Administrator for the Beaufort County School District, Medical Review Officer, Superintendent designee and the student’s School Principal.

\_\_\_\_\_  
Name of Student (PRINT)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

Dated: \_\_\_\_\_, 20\_\_\_\_