



CONSENT TO PERFORM DRUG TESTING

Remove from Random Drug Testing

As a student:

- ⑩ I have read the Indian Creek High School Drug and Alcohol Rules and Procedures and have decided to **REMOVE** myself from the Random Drug Testing Program.
- ⑩ I understand that by removing myself from the Random Drug Testing Program that I am ineligible for all athletics and extra-curricular activities at Indian Creek High School until I a drug test performed by Jefferson County Behavioral Health.

_____ Student Name (Print)	_____ Grade	_____ Date of Birth
_____ Student Signature	_____ Date	

As a Parent/Guardian/Custodian

- ⑩ I have read the Indian Creek High School Drug and Alcohol Rules and Procedures and have decided to **REMOVE** my son/daughter from the Random Drug Testing Program.
- ⑩ I understand that by removing my son/daughter/ward from the Random Drug Testing Program that my son/daughter is ineligible for all athletics and extra-curricular activities at Indian Creek High School until my son/daughter/ward passes a drug test performed by Jefferson County Behavioral Health.

_____ Parent/Guardian/Custodian Name (Print)	_____ Home Phone	_____ Work Phone
_____ Parent/Guardian/Custodian Signature	_____ Date	