



CONSENT TO PERFORM DRUG TESTING

**Agree to Random Drug Testing**

**As a student:**

- ⑩ I understand and agree that participation in extra-curricular and athletic activities is a privilege that may be withdrawn for violation of the Indian Creek Drug and Alcohol Rules and Procedures.
- ⑩ I have read the Indian Creek Drug and Alcohol Rules and Procedures and understand the consequences that I will face if I am selected for a random drug test and have a positive test result.
- ⑩ I understand that when I participate in any athletic or extra-curricular activity, I will be subject to random urine drug testing, and if I refuse, I will not be permitted to practice or participate in any athletic or extra-curricular activity until I pass a drug test at Jefferson County Behavioral Health.
- ⑩ I understand this is binding while I am a student at Indian Creek High School. Parents may choose to rescind this consent at any time by submitting a "remove from testing" form to the high school principal.

---

<b>Student Name (Print)</b>	<b>Grade</b>	<b>Date of Birth</b>
<hr/>		
<b>Student Signature</b>	<b>Date</b>	

**As a Parent/Guardian/Custodian**

I have read the Indian Creek High School Drug and Alcohol Rules and Procedures and understand the responsibilities of my son/daughter/ward when participating in athletic or extra-curricular activities. I understand that my son./daughter/ward, while participating in athletics or extra-curricular activities may be subjected to random drug testing, and if he/she refuses, will not be permitted to participate in any athletics or extra-curricular activities. I have read the Rules and Procedures and **AGREE** to its terms. I understand this is binding while my son/daughter/ward is a student at Indian Creek High School.

---

<b>Parent/Guardian/Custodian Name (Print)</b>	<b>Home Phone</b>	<b>Work Phone</b>
<hr/>		
<b>Parent/Guardian/Custodian Signature</b>	<b>Date</b>	

---